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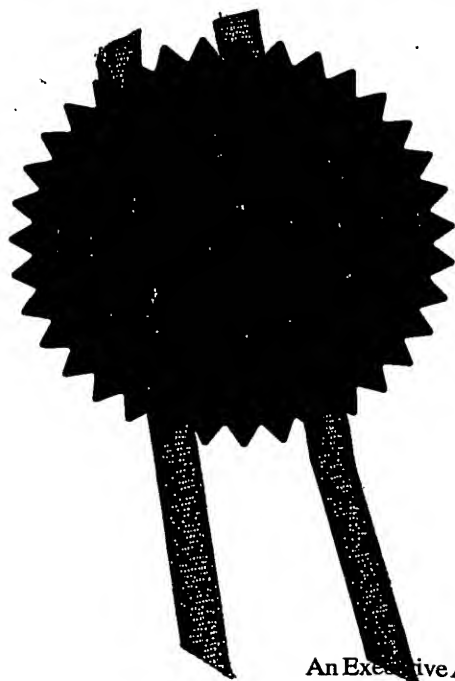
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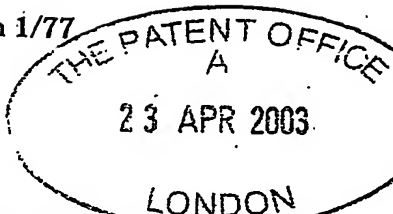


Signed

Dated

29 April 2004

*R. Mahoney*



# Request for grant of a patent

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1. Your reference

N.87400 GCW/SER

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0309246.7

24APR03 E802155-6 D00192  
P01/7700 0-00-0309246.7

3. Full name, address and postcode of the or of each applicant (underline all surnames)

HANSA MEDICAL AB  
Edison Park  
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Sweden

Patents ADP number (if you know it) 08570582001

If the applicant is a corporate body, give the country/state of its incorporation

Sweden

4. Title of the invention

METHOD AND TREATMENT

5. Name of your agent (if you have one)

J.A. KEMP & CO.

"Address for service" in the United Kingdom to which all correspondence should be sent (including the postcode)

14 South Square  
Gray's Inn  
London  
WC1R 5JJ

Patents ADP number (if you know it)

00000026001

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Number of earlier application

Date of filing  
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8. Is a statement of inventorship and of right to grant of a patent required in support of this request? (Answer 'Yes' if:

Yes

- a) any applicant named in part 3 is not an inventor, or
  - b) there is an inventor who is not named as an applicant, or
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Claim(s)	4
Abstract	1
Drawing(s)	7

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Statement of inventorship and right to grant of a patent (Patents Form 7/77) >

Request for preliminary examination and search (Patents Form 9/77) 1

Request for substantive examination (Patents Form 10/77)

Any other documents (please specify)

11. I/We request the grant of a patent on the basis of this application.

Signature

J.A. KEMP & CO.

Date 23 April 2003

12. Name and daytime telephone number of person to contact in the United Kingdom

G.C. Woods  
020 7405 3292

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## METHOD AND TREATMENT

### Field of the Invention

The invention relates to methods for identifying anti-streptococcal agents. The  
5 invention also relates to the use of such agents in the treatment of streptococcal infections.

### Background to the Invention

*Streptococcus pyogenes* is one of the most common and important human bacterial  
pathogens. It causes relatively mild infections such as pharyngitis (strep throat) and  
10 impetigo, but also serious clinical conditions like rheumatic fever, post-streptococcal  
glomerulonephritis, necrotizing fasciitis, septicemia, and hyperacute toxic shock  
syndrome. Increases in the number of life-threatening systemic *S. pyogenes* infections  
have been reported worldwide since the late 1980s, and have attracted considerable  
attention and concern.

15 *S. pyogenes* expresses substantial amounts of M protein,  $\alpha$ -helical coiled-coil  
surface proteins. M protein is a clinical virulence determinant of *S. pyogenes* which  
promotes the survival of the bacterium in human blood. Apart from being associated with  
the bacterial cell wall, M protein is also released from the surface by the action of a  
cysteine proteinase secreted by the bacteria.

20 Polymorphonuclear neutrophils (PMNs) are part of the first line of defence against  
bacterial infections. The recruitment of these cells from the bloodstream to an inflamed  
site involves their recognition of inflammatory mediators, their interaction with adhesion  
molecules of the vascular endothelium, and, finally, their migration across the endothelial  
barrier to the site of infection where PMNs phagocytize invading bacteria. Under  
25 physiological conditions non-activated PMNs circulate in the bloodstream. However,  
once activated by a chemotactic signal, they become adherent and begin to roll on the  
endothelium towards the site of infection, where they attach firmly to the endothelium and  
start to extravagate into the infected tissue. These adhesion processes involve the  
sequential up- and down-regulation of a number of different adhesion molecules both on  
30 PMNs and the endothelium, including integrins.

### Summary of the Invention

The present inventors have shown that interactions between streptococcal M protein-fibrinogen complexes and  $\beta_2$  integrins of PMNs cause activation of PMNs and thus an inflammatory response. This interaction presents a novel target for the  
 5 identification of anti-streptococcal agents, which can be used to block the interaction between streptococcal M protein-fibrinogen complexes and  $\beta_2$  integrins thus preventing the activation of PMNs and therefore blocking the inflammatory response that would otherwise result.

In accordance with the present invention, there is thus provided a method for  
 10 identifying an anti-streptococcal agent, which method comprises:

(a) providing, as a first component, a streptococcal M protein or a functional variant thereof;

(b) providing, as a second component, fibrinogen or a functional variant thereof;

15 (c) optionally providing, as a third component, a  $\beta_2$  integrin or a functional variant thereof;

(d) contacting said components with a test substance under conditions that would permit the components to interact in the absence of the test substance; and

(e) determining whether the test substance inhibits the interaction  
 20 between the components;  
 thereby to determine whether a test substance is an anti-streptococcal agent.

The invention also provides:

- a test kit suitable for use in identifying a test substance which is capable of inhibiting the interaction between a streptococcal M protein or a functional variant  
 25 thereof, fibrinogen and a functional variant thereof and, optionally, a  $\beta_2$  integrin or a functional variant thereof, which kit comprises:

(a) a streptococcal M protein or a functional variant thereof;

(b) fibrinogen or a functional variant thereof; and

(c) optionally, a  $\beta_2$  integrin or a functional variant thereof;

30 - an anti-streptococcal agent identified by a method of the invention;

- an anti-streptococcal agent identified by a method of the invention for use in a method of treatment of the human or animal body by therapy;
- use of an integrin antagonist in the manufacture of a medicament for the treatment of a streptococcal infection;
- 5 - use of an inhibitor of the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin in the manufacture of a medicament for the treatment of a streptococcal infection;
- use of an agent identified by a method of the invention in the manufacture of a medicament for the treatment of a streptococcal infection;
- 10 - a method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an agent identified by a method of the invention to a said individual;
- a method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an integrin antagonist to a
- 15 said individual;
- a method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an inhibitor of the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin to a said individual;
- 20 - a pharmaceutical composition comprising an inhibitor of the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin identified by a method of the invention and a pharmaceutically acceptable carrier or diluent;
- a method for providing a pharmaceutical composition, which method comprises:
  - (a) identifying an agent that inhibits the interaction between streptococcal M
  - 25 protein, fibrinogen and, optionally,  $\beta_2$  integrin by a method according to any one of claims 1 to 11; and
  - (b) formulating the inhibitor thus identified with a pharmaceutically acceptable carrier or diluent.
- a method of treating an individual suffering from a streptococcal infection, which
- 30 method comprises:
  - (a) identifying an agent that inhibits the interaction between

streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin by a method according to any one of claims 1 to 11; and

(b) administering a therapeutically effective amount of the inhibitor thus identified to a said individual.

#### **Brief description of the drawings**

Figure 1 shows the release of M1 protein from the streptococcal surface following treatment with supernatants from stimulated PMNs. *Panel A*: AP1 bacteria ( $2 \times 10^9$  bacteria/ml) were incubated with a serial dilution (100  $\mu$ l, 10  $\mu$ l, or 1  $\mu$ l; lanes 2 – 4) of exudates from stimulated PMNs ( $2 \times 10^6$  cells/ml, see also Materials and Methods) for 2h at 37°C. As a control, the supernatant from untreated bacteria was used (lane 1). Bacteria were centrifuged and the supernatants were separated by SDS-PAGE, transferred onto nitrocellulose, and probed with antibodies to M1 protein. Bound antibody was detected by a peroxidase-conjugated secondary antibody to rabbit immunoglobulin, followed by the chemiluminescence detection method. *Panel B*: 10 ng purified M1 protein (lane 1), AP1 surface proteins released with 100  $\mu$ l neutrophilic secretion products (lane 2), and 10 ng purified protein H (lane 3) were subjected to SDS-PAGE. After transfer onto nitrocellulose membranes were incubated with fibrinogen (2  $\mu$ g/ml) followed by immunodetection with antibodies to fibrinogen and a peroxidase-conjugated secondary antibody against rabbit immunoglobulin. *Panel C*: Transmission electron microscopy of thin sectioned AP1 bacteria before treatment with exudate from stimulated PMNs. *Panel D*: AP1 bacteria after treatment with 100  $\mu$ l PMN exudate/ $10^6$  bacteria.

Figure 2 shows the release of HBP in human blood. *Panel A*: Human blood was incubated with M1 protein, protein H, SpeB, protein SIC, fMLP, lipoteichoic acid (LTA), or hyaluronic acid (HA) for 30 min at 37°C. Cells were pelleted and the concentration of HBP in the supernatants was determined by ELISA. The total amount of HBP in blood was determined by lysing cells with Triton X-100, and the amount of HBP released after incubation without stimulation for 30 min at 37°C was considered as background. The figure presents the mean  $\pm$  SD of three independently performed experiments, each done in duplicate. *Panel B*: Human blood was stimulated with M1 protein, M1 protein fragments A-S and S-C3 (schematically depicted at the top), or protein H for 30 min at

37°C. Cells were pelleted and the concentration of HBP in the supernatants was determined by ELISA. The figure presents the mean  $\pm$  SD of three independently performed experiments, each done in duplicate. *Panel C*: Serial dilutions of supernatants from overnight cultures of strains AP1 and MC25; or growth medium alone were added to human blood and the release of HBP was determined.

Figure 3 shows the inhibition of M1 protein-induced release of HBP in human blood. Human blood was incubated with tBoc (100  $\mu$ M), pertussis toxin (1  $\mu$ g/ml), genistein (100  $\mu$ M), wortmannin (0.2  $\mu$ M), BAPTA/EGTA (10  $\mu$ M/1 mM), EGTA (1 mM), AG1478 (2  $\mu$ M), GF109203 (2  $\mu$ M), H-89 (1  $\mu$ M), PD98059 (20  $\mu$ M), or U-73122 (10  $\mu$ M) in the presence or absence of M1 protein (1  $\mu$ g/ml) for 30 min at 37°C. Cells were centrifuged and the concentration of HBP in the supernatants was determined by ELISA. The results are expressed as percent of released HBP in the presence of inhibitor relative to release of HBP in the absence of inhibitor (100%). The figure presents the mean  $\pm$  SD of three independently performed experiments, each done in duplicate.

Figure 4 shows that M1 protein-induced release of HBP correlates with M1 protein-induced precipitation of plasma proteins. *Panel A*: Samples of 10% human plasma in PBS (1 ml) were incubated with  $^{125}$ I-M1 protein (10<sup>5</sup> cpm/ml, approximately 1 ng) in the presence (0.01  $\mu$ g/ml, 0.1  $\mu$ g/ml, 0.2  $\mu$ g/ml, 1  $\mu$ g/ml, and 10  $\mu$ g/ml) or absence of non-labeled M1 protein for 30 min at 37°C. Samples were centrifuged and the radioactivity of the pellets was measured. Results are presented as percentage of added total radioactivity and the figure shows the mean  $\pm$  SD of three independent experiments, each done in duplicate. *Panel B*: Human whole blood was treated with M1 protein (0.01  $\mu$ g/ml, 0.1  $\mu$ g/ml, 0.2  $\mu$ g/ml, 1  $\mu$ g/ml, or 10  $\mu$ g/ml) for 30 min at 37°C. Cells were centrifuged and the amount of HBP in the supernatants was determined. *Panel C*: One ml samples of human plasma (10% in PBS) or fibrinogen (300  $\mu$ g/ml in PBS) were incubated with  $^{125}$ I-M1 protein (10<sup>5</sup> cpm/ml, approximately 1 ng) in the absence or presence of non-labeled M1 protein (0.01  $\mu$ g/ml, 0.1  $\mu$ g/ml, 0.2  $\mu$ g/ml, 1  $\mu$ g/ml, or 10  $\mu$ g/ml). After 30 min of incubation at 37°C, samples were centrifuged and the radioactivity of the pellets was measured. Results are presented as percentage of total radioactivity. The figure presents the mean  $\pm$  SD of three independent experiments, each done in duplicate. *Panel D*:



Scanning electron microscopical analysis of plasma clots induced by the addition of M1 protein (*top*) or thrombin (*bottom*). *Panel E*: Transmission electron microscopical analysis of thin sectioned plasma clots induced by M1 protein (*top*) or thrombin (*bottom*).

Figure 5 is an analysis of precipitates formed by incubating M1 protein with a mixture of plasma and PMNs. *Panel A*: PMNs preincubated with a mixture of M1 protein (1  $\mu\text{g/ml}$ ) and human plasma (10% in PBS) were analyzed by scanning electron microscopy (*upper left*). Purified PMNs (*upper right*) or PMNs incubated with plasma (*lower left*) or M1 protein alone (*lower right*) are shown. *Panel B*: M1 protein (1  $\mu\text{g/ml}$ ) was added to 10% human plasma or fibrinogen (300  $\mu\text{g/ml}$ ) in PBS for 30 min. After a centrifugation step, the resulting pellets were resuspended and incubated with 10% human blood diluted in PBS for 30 min followed by the measurement of released HBP. Plasma or fibrinogen solutions devoid of M1 protein were treated in the same way and served as negative controls. The figure presents the mean  $\pm$  SD of four independently performed experiments.

Figure 6 shows inhibition of the M1 protein-induced HBP release by fibrinogen derived peptides and antibodies to CD18. *Panel A*: Human plasma was incubated with peptides Gly-Pro-Arg-Pro, Gly-His-Arg-Pro (100  $\mu\text{g/ml}$ ), or buffer alone for 15 min at 37°C. Clotting was initiated by the addition of thrombin and the clotting time was determined. *Panel B*: M1 protein was added to whole human blood (1  $\mu\text{g/ml}$ ) followed by the addition of different amounts of Gly-Pro-Arg-Pro, Gly-His-Arg-Pro, antibody mAB IB4 to CD18, or antibody AS88 (directed against human H-kininogen). After 30 min of incubation at 37°C, cells were centrifuged and the amount of HBP in the supernatants was determined. Data are expressed as percent of HBP release induced by M1 protein alone, and the bars represent means  $\pm$  SD of 3 experiments, each done in duplicate. *Panel C*: Electron microscopy analysis of purified PMNs in a mixture of plasma and M1 protein (*left panel*). In the other panels, fibrinogen-derived peptides Gly-Pro-Arg-Pro (*middle panel*) or Gly-His-Arg-Pro (*right panel*), were added to the mixture of plasma and M1 protein, prior to the incubation with PMNs.

Figure 7 shows the results of intravenous injection of M1 protein into mice. Scanning electron microscopy of murine lungs. The figure shows representative micrographs of glutaraldehyde-fixed lungs from a mouse injected with buffer alone (A), a mouse injected

with M1 protein (B), a mouse injected with M1 protein and peptide Gly-Pro-Arg-Pro (C), and a mouse injected with M1 protein and peptide Gly-His-Arg-Pro (D). Bar, 10  $\mu$ m.

#### Brief description of the Sequence Listing

5 SEQ ID NO: 1 shows the amino acid sequence of the M1 protein of *Streptococcus pyogenes* (NCBI Accession Number NP\_269973).

SEQ ID NO: 2 shows the amino acid sequence of a peptide derived from the NH<sub>2</sub>-terminal region of fibrinogen.

10 SEQ ID NO: 3 shows the amino acid sequence of a second peptide derived from the NH<sub>2</sub>-terminal region of fibrinogen.

SEQ ID NO: 4 is a RT-PCR primer used in the Example.

SEQ ID NO: 5 shows the amino acid sequence of the human fibrinogen  $\alpha$  chain isoform  $\alpha$  preproprotein (NCBI Accession Number NP\_068657).

15 SEQ ID NO: 6 shows the amino acid sequence of the human fibrinogen  $\beta$  chain precursor (NCBI Accession Number P02675).

SEQ ID NO: 7 shows the amino acid sequence of the human fibrinogen  $\gamma$  chain isoform  $\gamma$ -B precursor (NCBI Accession Number NP\_068656).

SEQ ID NO: 8 shows the amino acid sequence of human integrin  $\alpha_M$  chain precursor (NCBI Accession Number NP\_000623).

20 SEQ ID NO: 9 shows the amino acid sequence of human integrin  $\alpha$  subunit ( $\alpha_X$  chain) precursor (NCBI Accession Number AAA51620).

SEQ ID NO: 10 shows the amino acid sequence of human integrin  $\beta_2$  chain precursor (NCBI Accession Number NP\_000202).

#### Detailed Description of the Invention

The invention provides methods for identifying an anti-streptococcal agent. A suitable method of the invention consists essentially of:

- contacting (i) a streptococcal M protein or a functional variant thereof, (ii) fibrinogen or a functional variant thereof, and (iii) optionally, a  $\beta_2$  integrin or a functional variant thereof with a test substance under conditions that would permit the components
- 30 to interact in the absence of the test substance; and

- determining whether the test substance is capable of inhibiting the interaction between the components.

It can then be readily determined whether the test substance is an anti-streptococcal agent.

5 A streptococcal M protein or a functional variant thereof is provided as a first component. Streptococcal M proteins and M-like proteins are well known. There are more than 80 different streptococcal M proteins. The M protein of the invention may be, for instance, M1, M3, M11, M12 or M28. The M protein is preferably M1 or M3. Typically, the M protein is derived from *S. pyogenes*. Preferably, the M protein is M1  
10 protein of *S. pyogenes*. The amino acid sequence of the M1 protein of *S. pyogenes* is set out in SEQ ID NO: 1.

A functional variant of a streptococcal M protein maintains the ability to form a complex with fibrinogen. Such a complex is capable of binding to a  $\beta_2$  integrin. The functional variant may be a fragment of a streptococcal M protein. A functional variant of  
15 a streptococcal M protein typically binds specifically to fibrinogen. Binding of M proteins to fibrinogen may be analysed as described by Åkesson et al. (Åkesson et al., 1994, Biochem. J., 300, 877-886). The affinity constant for the interaction between a functional variant of a streptococcal M protein and fibrinogen is typically from  $1 \times 10^{-6}$  M to  $1 \times 10^{-12}$  M. For example, the affinity constant may be from  $1 \times 10^{-7}$  M to  $1 \times 10^{-11}$  M or from  
20  $1 \times 10^{-8}$  M to  $1 \times 10^{-10}$  M.

Typically, the binding affinity for fibrinogen of such a functional variant is substantially the same as that of the wild type M protein. Alternatively, the binding affinity for fibrinogen may be greater or less than that of the wild type streptococcal M protein. For example, a functional variant may have a binding affinity for fibrinogen  
25 which is at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, or at least 70% of that of the wild type streptococcal M protein. Alternatively, the binding affinity for fibrinogen of the functional variant may be at least 105%, at least 110%, at least 120%, or at least 130% of that of the wild type streptococcal M protein. For instance, the binding affinity for fibrinogen of a functional variant of a streptococcal M protein may be  
30 from 95% to 105%, from 90% to 110%, from 85% to 120%, from 80% to 130%, from 75% to 140% or from 70% to 150% of that of the wild type.

A functional variant of a streptococcal M protein may be a polypeptide which has a sequence similar to that of an M protein such as the wild type M1 protein of *S. pyogenes* of SEQ ID NO: 1. Thus a functional variant will generally have at least 60%, at least 70%, at least 80%, at least 90%, at least 95%, at least 98% or at least 99% sequence identity to that of the streptococcal M protein calculated over the full length of those sequences.

The UWGCG Package provides the BESTFIT program which can be used to calculate identity (for example used on its default settings) (Devereux *et al* (1984) Nucleic Acids Research 12, 387-395). The PILEUP and BLAST algorithms can alternatively be used to calculate identity or line up sequences (typically on their default settings), for example as described in Altschul S. F. (1993) J Mol Evol 36:290-300; Altschul, S. F. *et al* (1990) J Mol Biol 215:403-10. Identity may therefore be calculated using the UWGCG package, using the BESTFIT program on its default settings. Alternatively, sequence identity can be calculated using the PILEUP or BLAST algorithms. BLAST may be used on its default settings.

Software for performing BLAST analyses is publicly available through the National Centre for Biotechnology Information (<http://www.ncbi.nlm.nih.gov/>). This algorithm involves first identifying high scoring sequence pair (HSPs) by identifying short words of length W in the query sequence that either match or satisfy some positive-valued threshold score T when aligned with a word of the same length in a database sequence. T is referred to as the neighbourhood word score threshold (Altschul *et al*, supra). These initial neighbourhood word hits act as seeds for initiating searches to find HSPs containing them. The word hits are extended in both directions along each sequence for as far as the cumulative alignment score can be increased. Extensions for the word hits in each direction are halted when: the cumulative alignment score falls off by the quantity X from its maximum achieved value; the cumulative score goes to zero or below, due to the accumulation of one or more negative-scoring residue alignments; or the end of either sequence is reached. The BLAST algorithm parameters W, T and X determine the sensitivity and speed of the alignment. The BLAST program uses as defaults a word length (W) of 11, the BLOSUM62 scoring matrix (see Henikoff and Henikoff (1992) Proc. Natl. Acad. Sci. USA 89: 10915-10919) alignments (B) of 50, expectation (E) of 10, M=5, N=4, and a comparison of both strands.

The BLAST algorithm performs a statistical analysis of the similarity between two sequences; see e.g., Karlin and Altschul (1993) Proc. Natl. Acad. Sci. USA 90: 5873-5787. One measure of similarity provided by the BLAST algorithm is the smallest sum probability (P(N)), which provides an indication of the probability by which a match  
 5 between two polynucleotide or amino acid sequences would occur by chance. For example, a sequence is considered similar to another sequence if the smallest sum probability in comparison of the first sequence to the second sequence is less than about 1, preferably less than about 0.1, more preferably less than about 0.01, and most preferably less than about 0.001.

10 A functional variant may be a modified version of a streptococcal M protein such as the *S. pyogenes* M1 protein with the amino acid sequence of SEQ ID NO: 1. The sequence of the modified version is different to that of the wild type M protein. The modified version of a wild type M protein may have, for example, amino acid  
 15 substitutions, deletions or additions. At least 1, at least 2, at least 3, at least 5, at least 10 or at least 20 amino acid substitutions or deletions, for example, may be made, up to a maximum of 100 or 50 or 30. For example, from 1 to 100, from 2 to 50, from 3 to 30, or from 5 to 15 amino acid substitutions or deletions may be made. Typically, if  
 20 substitutions are made, the substitutions will be conservative substitutions, for example according to the following Table. Amino acids in the same block in the second column and preferably in the same line in the third column may be substituted for each other. Deletions are preferably deletions of amino acids from one or both ends of the sequence of the streptococcal M protein. Alternatively, deletions are of regions not involved in the interaction with fibrinogen. For example, the deletion may be in the S-C3 fragment of *S. pyogenes* M1 protein.

25

ALIPHATIC	Non-polar	G A P
		I L V
	Polar-uncharged	C S T M
		N Q

	Polar-charged	D E
		K R
	AROMATIC	H F W Y

The streptococcal M protein or a functional variant thereof may be fused to an additional heterologous polypeptide sequence to produce a fusion polypeptide. Thus, additional amino acid residues may be provided at, for example, one or both termini of the streptococcal M protein or a functional variant thereof. The additional sequence may perform any known function. Typically, it may be added for the purpose of providing a carrier polypeptide, by which the streptococcal M protein or functional variant thereof can be, for example, affixed to a label, solid matrix or carrier. Thus the first component for use in the invention may be in the form of a fusion polypeptide which comprises heterologous sequences. Indeed, in practice it may often be convenient to use fusion polypeptides. This is because fusion polypeptides may be easily and cheaply produced in recombinant cell lines, for example recombinant bacterial or insect cell lines. Fusion polypeptides may be expressed at higher levels than the wild-type streptococcal M protein or functional variant thereof. Typically this is due to increased translation of the encoding RNA or decreased degradation. In addition, fusion polypeptides may be easy to identify and isolate. Typically, fusion polypeptides will comprise a polypeptide sequence as described above and a carrier or linker sequence. The carrier or linker sequence will typically be derived from a non-human, preferably a non-mammalian source, for example a bacterial source. This is to minimize the occurrence of non-specific interactions between heterologous sequences in the fusion polypeptide and fibrinogen, which is the target of the structural M protein or functional variant thereof.

The streptococcal M protein or a functional variant thereof may be modified by, for example, addition of histidine residues, a T7 tag or glutathione S-transferase, to assist in its isolation. Alternatively, the heterologous sequence may, for example, promote secretion of the streptococcal M protein or functional variant thereof from a cell or target its expression to a particular subcellular location, such as the cell membrane. Amino acid carriers can be from 1 to 400 amino acids in length or more typically from 5 to 200

residues in length. The M protein or functional variant thereof may be linked to a carrier polypeptide directly or via an intervening linker sequence. Typical amino acid residues used for linking are tyrosine, cysteine, lysine, glutamic acid or aspartic acid.

Streptococcal M proteins or functional variants thereof may be chemically modified, for example, post-translationally modified. For example they may be glycosylated or comprise modified amino acid residues. They can be in a variety of forms of polypeptide derivatives, including amides and conjugates with polypeptides.

Chemically modified streptococcal M proteins or functional variants thereof also include those having one or more residues chemically derivatized by reaction of a functional side group. Such derivatized side groups include those which have been derivatized to form amine hydrochlorides, p-toluene sulfonyl groups, carbobenzoxy groups, t-butyloxycarbonyl groups, chloroacetyl groups and formyl groups. Free carboxyl groups may be derivatized to form salts, methyl and ethyl esters or other types of esters or hydrazides. Free hydroxyl groups may be derivatized to form O-acyl or O-alkyl derivatives. The imidazole nitrogen of histidine may be derivatized to form N-im-benzylhistidine.

Also included as chemically modified streptococcal M proteins or functional variants thereof are those which contain one or more naturally occurring amino acid derivatives of the twenty standard amino acids. For example, 4-hydroxyproline may be substituted for proline or homoserine may be substituted for serine.

A streptococcal M protein or a functional variant thereof and/or other polypeptides used as part of a first component may carry a revealing label. Suitable labels include radioisotopes such as  $^{125}\text{I}$ ,  $^{32}\text{P}$  or  $^{35}\text{S}$ , fluorescent labels, enzyme labels, or other protein labels such as biotin.

The second component comprises fibrinogen or a functional variant thereof. Fibrinogen is a soluble plasma protein which is converted to insoluble fibrin in the blood by the action of the enzyme thrombin. This contributes to the formation of a blood clot. Fibrinogen is composed of six peptide chains. These are arranged in two identical subunits, each composed of an  $\text{A}\alpha$ , a  $\text{B}\beta$  and a  $\gamma$  chain, joined by disulphide bonds. Streptococcal M protein binds to fibrinogen (Kantor, 1965, J. Exp. Med., 121, 849-859) with high affinity (Åkesson et al., 1994, Biochem. J., 300, 877-886; Berge et al., 1997, J.

Biol. Chem., 272, 20774-20781). Fibrinogen also binds to PMNs via  $\beta_2$  integrins (Altieri, 1999, *Thromb. Haemost.*, 82, 781-786). The binding site for the  $\beta_2$  integrin Mac1 has been mapped to the N-terminal region of the A $\alpha$  chain of fibrinogen. In addition, the unique sequence KQAGDV, which is found at the C-terminal end of the  $\gamma$  chain, is essential for integrin binding.

A functional variant of fibrinogen maintains the ability to bind to and thus form a complex with a streptococcal M protein. Such a complex is then capable of binding to a  $\beta_2$  integrin. The functional variant of fibrinogen typically shows substantially specific binding to a streptococcal M protein. The affinity constant for the interaction between a functional variant of fibrinogen and a streptococcal M protein is typically from  $1 \times 10^{-6}$  M to  $1 \times 10^{-12}$  M. For example, the affinity constant may be from  $1 \times 10^{-7}$  M to  $1 \times 10^{-11}$  M or from  $1 \times 10^{-8}$  M to  $1 \times 10^{-10}$  M.

Typically, the binding affinity of a functional variant of fibrinogen for a streptococcal M protein is substantially the same as that of wild type fibrinogen.

Alternatively, the binding affinity for the streptococcal M protein may be greater or less than that of wild type fibrinogen. For example, a functional variant of fibrinogen may have a binding affinity for streptococcal M protein which is at least 95%, at least 90%, at least 85%, at least 80%, at least 75% or at least 70% of that of wild type fibrinogen. Alternatively, the binding affinity for the streptococcal M protein of the functional variant may be at least 105%, at least 110%, at least 120% or at least 130% of that of wild type fibrinogen. For example, the binding affinity for streptococcal M protein of the functional variant may be from 95% to 105%, from 90% to 110%, from 85% to 120%, from 80% to 130%, from 75% to 140% or from 70% to 150% of that of wild type fibrinogen.

A functional variant of fibrinogen may contain an A $\alpha$  chain which has a sequence similar to that of the native A $\alpha$  chain of fibrinogen, such as the human A $\alpha$  chain shown in SEQ ID NO: 5. A functional variant of fibrinogen may contain a B $\beta$  chain which has a sequence similar to that of the native B $\beta$  chain, for example the human B $\beta$  chain shown in SEQ ID NO: 6. A functional variant of fibrinogen may contain a  $\gamma$  chain whose sequence is similar to that of the native  $\gamma$  chain such as the human  $\gamma$  chain of SEQ ID NO: 7. An A $\alpha$ , B $\beta$  or  $\gamma$  chain can therefore have at least 60%, at least 70%, at least 80%, at least



90%, at least 95%, at least 98% or at least 99% sequence identity to that of the native A $\alpha$ , B $\beta$  or  $\gamma$  chain of fibrinogen, such as the human A $\alpha$ , B $\beta$  or  $\gamma$  chains shown in SEQ ID NOs 5 to 7, calculated over the full length of those sequences. However, the chains must still be capable of assembly into a functional molecule. Sequence identity can be  
 5 calculated using the methods described above. The BESTFIT program of the UWGCG package may be used on its default settings. Alternatively the PILEUP or BLAST algorithms may be used on their default settings.

A functional variant may be a modified version of fibrinogen which may have, for example, amino acid substitutions, deletions or additions in the A $\alpha$  and/or the B $\beta$  and/or  
 10 the  $\gamma$  chains of fibrinogen. Such substitutions, deletions or additions may be made, for example, to the sequences of the human A $\alpha$ , B $\beta$  or  $\gamma$  chains shown in SEQ ID NOs 5 to 7. Any combination of chains or all of the chains may be modified. However, any deletions, additions or substitutions must still allow the A $\alpha$ , B $\beta$  and  $\gamma$  chains of fibrinogen to assemble into a functional molecule. At least 1, at least 2, at least 3, at least 5, at least  
 15 10, at least 20 or at least 50 amino acid substitutions or deletions, for example, may be made up to a maximum of 70 or 50 or 30 in each chain. For example, from 1 to 70, from 2 to 50, from 3 to 30 or from 5 to 20 amino acid substitutions or deletions may be made. Typically, if substitutions are made, the substitutions will be conservative substitutions as described above. Deletions are preferably deletions of amino acids from one or both ends  
 20 of the sequence of the A $\alpha$ , B $\beta$  or  $\gamma$  chains of fibrinogen such as those shown in SEQ ID NOs 5 to 7. Alternatively, deletions are of regions not involved with the interaction with streptococcal M proteins.

Any of the polypeptide chains of fibrinogen or a functional variant thereof may be fused to an additional heterologous polypeptide sequence to produce a fusion polypeptide,  
 25 as long as the polypeptide chains are still capable of assembling into a functional molecule. Such a fusion polypeptide may be a carrier polypeptide or contain a linker sequence. Such polypeptides are described above.

The polypeptide chains of fibrinogen or a functional variant thereof may be chemically modified as described above. Alternatively the polypeptide chains of  
 30 fibrinogen or a functional variant thereof may carry a revealing label. Suitable labels are described above.

The third component comprises a  $\beta_2$  integrin or a functional variant thereof. Integrins are a large family of heterodimeric cell surface adhesion receptors, composed of a  $\beta$  chain and an  $\alpha$  chain. Each subunit is composed of a large extracellular domain, a single transmembrane domain and a short cytoplasmic domain. A number of  $\alpha$  and  $\beta$  subunits have been identified and these can associate in a restricted manner. An  $\alpha$  subunit usually only associates with a particular  $\beta$  subunit but  $\beta$  subunits are more promiscuous.  $\beta_2$  integrins are the most abundant integrins expressed by PMNs. Four different  $\alpha$  chains ( $\alpha_M$ ,  $\alpha_L$ ,  $\alpha_X$  and  $\alpha_D$ ) can associate with the  $\beta_2$  chain. Of these,  $\alpha_M\beta_2$ , also known as CD11b/CD18, and  $\alpha_X\beta_2$ , also known as CD11c/CD18, are the main integrins expressed on PMNs. These are the receptors for fibrinogen.

A functional variant of a  $\beta_2$  integrin maintains the ability to bind to a streptococcal M protein-fibrinogen complex. A functional variant of a  $\beta_2$  integrin typically binds specifically to streptococcal M protein-fibrinogen complex. The affinity constant for the interaction between a functional variant of a  $\beta_2$  integrin and streptococcal M protein-fibrinogen complex is typically from  $1 \times 10^{-6}$  M to  $1 \times 10^{-12}$  M. For example, the affinity constant may be from  $1 \times 10^{-7}$  M to  $1 \times 10^{-11}$  M or from  $1 \times 10^{-8}$  M to  $1 \times 10^{-10}$  M.

Typically, the binding affinity of a functional variant of a  $\beta_2$  integrin for a streptococcal M protein-fibrinogen complex is substantially the same as that of the wild type  $\beta_2$  integrin. Alternatively, the binding affinity for streptococcal M protein-fibrinogen complexes may be greater or less than that of the wild type  $\beta_2$  integrin. For example, the binding affinity of the functional variant of the  $\beta_2$  integrin for streptococcal M protein-fibrinogen complexes may be at least 95%, at least 90%, at least 85%, at least 80%, at least 75% or at least 70% of that of the wild type  $\beta_2$  integrin. Alternatively, the binding affinity of the functional variant may be at least 110%, at least 120%, or at least 130% of that of the wild type  $\beta_2$  integrin. For instance, the binding affinity for streptococcal M protein-fibrinogen complexes of the functional variant may be from 70% to 160%, from 75% to 150%, from 80% to 140%, from 85% to 130%, from 90% to 120% or from 95% to 110% of that of the wild type  $\beta_2$  integrin.

A functional variant of a  $\beta_2$  integrin may contain an  $\alpha$  and/or a  $\beta_2$  chain which has a sequence similar to that of either the native  $\alpha$  or the native  $\beta_2$  chain of a  $\beta_2$  integrin. For

example, the  $\alpha$  chain may have a sequence similar to that of the human  $\alpha_M$  chain shown in SEQ ID NO: 8 or to that of the human  $\alpha_X$  chain shown in SEQ ID NO: 9. The  $\beta_2$  chain may have a sequence similar to that of the human  $\beta_2$  chain shown in SEQ ID NO: 10.

Thus an  $\alpha$  and/or a  $\beta_2$  chain can therefore have at least 60%, at least 70%, at least 80%, at least 85%, at least 90%, at least 95%, at least 98% or at least 99% sequence identity to that of the native  $\alpha$  or  $\beta_2$  chain, such as those of SEQ ID NOs 8 to 10, calculated over the full length of those sequences. Again, sequence identity can be calculated using any of the packages described above. The BESTFIT program of the UWGCG package may be used on its default settings. Alternatively, the PILEUP or BLAST algorithms may be used on their default settings.

A functional variant of a  $\beta_2$  integrin may be a modified version of a  $\beta_2$  integrin which has, for example, amino acid substitutions, deletions or additions in either or both of the  $\alpha$  and  $\beta_2$  chains. For example, the  $\alpha_M$ ,  $\alpha_X$  or  $\beta_2$  chains may contain substitutions, deletions or additions to the sequence of the native  $\alpha_M$ ,  $\alpha_X$  or  $\beta_2$  chain such as those of the human  $\alpha_M$ ,  $\alpha_X$  and  $\beta_2$  chains shown in SEQ ID NOs 8 to 10. At least 1, at least 2, at least 5, at least 10, at least 30, at least 50 or at least 100 amino acid substitutions or deletions, for example, may be made, up to a maximum of 200, 100, 50 or 30 in either or both of the  $\alpha$  and  $\beta_2$  chains. For example, from 1 to 200, from 2 to 150, from 3 to 100, from 5 to 50 or from 10 to 30 amino acid substitutions or deletions may be made. Typically, any substitutions will be conservative substitutions as described above. Deletions are preferably deletions of amino acids from one or both ends of the sequence of the  $\alpha$  or  $\beta_2$  chain such as any of the sequences of SEQ ID NOs 8 to 10. Alternatively, deletions are of regions not involved in the interaction with streptococcal M protein-fibrinogen complexes.

The  $\alpha$  or  $\beta_2$  chain of a  $\beta_2$  integrin or a functional variant thereof may be fused to a heterologous polypeptide sequence to produce a fusion polypeptide. This may produce a carrier polypeptide, as described above. Alternatively, the  $\alpha$  or  $\beta_2$  chain of a  $\beta_2$  integrin or functional variant thereof may be modified by, for example, addition of amino acid residues to assist in its isolation. It may be linked to a carrier polypeptide directly or via a linker sequence. The  $\alpha$  or  $\beta_2$  chain of a  $\beta_2$  integrin or functional variant thereof may be

chemically modified as described above, or it may be carry a revealing label. Suitable labels are described above.

The method of the invention can be carried out according to any suitable protocol. Preferably, the method is adapted so that it can be carried out in a single reaction vessel  
5 such as a single well of a plastic microtiter plate and thus can be adapted for high throughput screening. Preferably, therefore, the assay is an *in vitro* assay.

A streptococcal M protein or a functional variant thereof and/or other polypeptides used as part of a first component may be expressed using recombinant DNA techniques. For example, suitable polypeptides may be expressed in, for example,  
10 bacterial or insect cell lines (see, for example, Munger *et al.*, 1998, Molecular Biology of the Cell, 9, 2627-2638). Typically, a recombinant streptococcal M protein can be produced by expression in *E. coli*. The M protein is preferably *S. pyogenes* M1 protein. Recombinant polypeptides are produced by providing a polynucleotide encoding a streptococcal M protein or functional variant thereof. Such polynucleotides are provided  
15 with suitable control elements, such as promoter sequences, and provided in expression vectors and the like for expression of streptococcal M protein or a functional variant thereof. Suitable polypeptides may be isolated biochemically from any suitable bacteria.

Alternatively, M protein can be obtained from streptococcal cells that express M proteins endogenously or through the use of recombinant techniques. For example, an M  
20 protein from *S. pyogenes* may be produced by treating *S. pyogenes* cells with a protease. The M protein is preferably M1 protein. The protease may be endogenous to *S. pyogenes*, for example the *S. pyogenes* cysteine proteinase SpeB. Alternatively, the protease may be derived from PMNs. Typically, the PMN protease is produced by lysing PMNs. A protease may also be produced recombinantly. M protein may alternatively be obtained  
25 by expression of a truncated version of the M protein which lacks the membrane spanning region (Collin and Olsén, 2000, Mol. Microbiol., 36, 1306-1318). Such a protein may be expressed in *S. pyogenes* or *E. coli* and will be secreted by the bacteria without the need for proteolytic cleavage.

Alternatively, a streptococcal M protein or a functional variant thereof may be  
30 chemically synthesized. Synthetic techniques, such as a solid-phase Merrifield-type synthesis, may be preferred for reasons of purity, antigenic specificity, freedom from

unwanted side products and ease of production. Suitable techniques for solid-phase peptide synthesis are well known to those skilled in the art (see for example, Merrifield *et al.*, 1969, *Adv. Enzymol* 32, 221-96 and Fields *et al.*, 1990, *Int. J. Peptide Protein Res.* 35, 161-214). In general, solid-phase synthesis methods comprise the sequential addition of one or more amino acid residues or suitably protected amino acid residues to a growing peptide chain.

Fibrinogen or a functional variant thereof may be produced by recombinant methods such as expression in bacterial or insect cell lines as described above. Alternatively, fibrinogen or a functional variant thereof may be chemically synthesized.

10 Fibrinogen may be isolated from human blood, preferably from human plasma.

The streptococcal M protein or a functional variant thereof may be provided in association with fibrinogen or a functional variant thereof. That is to say, a complex of streptococcal M protein or a functional variant thereof and fibrinogen or a functional variant thereof can be used in the invention. Such a complex will be capable of binding to  $\beta_2$  integrins. Alternatively, the streptococcal M protein or functional variant thereof and fibrinogen or functional thereof may be provided separately.

A  $\beta_2$  integrin or a functional variant thereof may be produced by recombinant methods or be chemically synthesized as described above. Typically, the  $\beta_2$  integrin is provided on the surface of a PMN. Alternatively, the  $\beta_2$  integrin is provided by providing PMN lysate.

Streptococcal M protein and/or fibrinogen and/or  $\beta_2$  integrin used in the invention may be present in non-naturally occurring form. The streptococcal M protein and/or fibrinogen and/or  $\beta_2$  integrin may be insubstantially purified form. The streptococcal M protein and/or fibrinogen and/or  $\beta_2$  integrin may be in substantially isolated form, in which case they will generally comprise at least 80%, for instance at least 90%, 95% or 99% by weight of the dry mass in the preparation.

In a typical method of the invention, PMNs are reconstituted with a mixture of a streptococcal M protein and plasma. This provides a streptococcal M protein, fibrinogen and  $\beta_2$  integrin. A test substance is then added to the mixture under conditions that would permit the components to interact in the absence of the test substance. Suitable conditions can be identified by reconstituting the PMNs with a mixture of streptococcal M protein

and plasma in the absence of the test substance and determining whether the components form aggregates in the absence of the test substance. An alternative method of the invention involves adding soluble integrin fragments to plasma or to a solution containing fibrinogen. The mixture is then allowed to interact with streptococcal M protein.

5 Preferred methods such as those described above may additionally consist of determining whether the  $\beta_2$  integrin, M protein and fibrinogen form aggregates in the presence of the test substance. Such aggregates can be detected by electron microscopy. Alternatively, radiolabelled proteins can be used to spike the reaction mixture and the amount of radioactivity in the aggregates can be used to quantify the formation of aggregates.

10 Suitable methods of the invention may be carried out in the presence of suitable buffers.

A cell adhesion assay may alternatively be carried out. In a typical cell adhesion assay, streptococcal M protein-fibrinogen complexes are coated onto the walls of the suitable vessel, in particular the well of a plastic microtiter plate. In one suitable assay format, the third component  $\beta_2$  integrin, produced, for example, chemically or  
15 recombinantly is simply added to the assay vessel along with a test substance. Binding of the  $\beta_2$  integrin to the M protein-fibrinogen complex can be followed by the use of  $\beta_2$  integrin which carries a label, for example a radioactive label or a fluorescent label.

In an alternative cell adhesion assay, the first component, streptococcal M protein, is coated onto the walls of a suitable vessel such as a plastic microtiter plate and the  
20 second component fibrinogen, produced for example chemically, recombinantly or isolated from human blood is added to the assay vessel. Binding of the second component fibrinogen to the first component streptococcal M protein can be followed by the use of the second component which carries a label as before.

Alternatively, in another suitable assay format, cells expressing  $\beta_2$  integrin are  
25 added to the vessel and allowed to interact with streptococcal M protein-fibrinogen complexes in the presence of a test product. Suitable cells are any cells that express  $\beta_2$  integrin, preferably PMNs. The number of cells which bind to the M protein-fibrinogen complex is then determined. This may be carried out by, for example, staining the cells and then carrying out spectrophotometry. Optionally, the stain may be eluted and the  
30 spectrophotometry carried out on the eluted example.

In an alternative assay of the invention, M protein-fibrinogen complexes are coated on the walls of the suitable vessel and then PMN cells are added to the vessel and allowed to interact with the M protein-fibrinogen complexes in the presence of a test product. Inhibition of binding between the M protein-fibrinogen complexes and PMNs is preferably detected by monitoring the activation of the PMNs. Typically, this can be done by measuring the release of heparin binding protein (HBP). A preferred method of the present invention comprises providing *S.pyogenes*, fibrinogen and PMNs with a test substance to test, as in the assay described above, whether the test substance inhibits binding of the M protein-fibrinogen complexes to  $\beta_2$  integrin on the surface of the PMNs.

Suitable control experiments may be carried out. For example, assays may be carried out in the absence of a test substance to monitor the interaction between M protein-fibrinogen complexes and  $\beta_2$  integrin or between streptococcal M protein and fibrinogen.

Suitable test substances which can be tested in the above methods include combinatorial libraries, defined chemical entities, peptide and peptide mimetics, oligonucleotides and natural product libraries, such as display (e.g. phage display libraries) and antibody products. For example, monoclonal and polyclonal antibodies, single chain antibodies, chimeric antibodies, CDR-grafted antibodies and humanized antibodies may be used. The antibody may be an intact immunoglobulin molecule or a fragment thereof such as a Fab, F(ab')<sub>2</sub> or Fv fragment. Suitable peptides include the peptide with the sequence GPRP. Suitable antibodies include antibodies directed against the B-repeats of *S. pyogenes* M1 protein, the monoclonal antibody IB4 and antibodies to CD11c.

Suitable test substances also include integrin antagonists, typically  $\beta_2$  integrin antagonists. Suitable integrin antagonists include anti-integrin antibodies, peptide mimetics and non-peptide mimetics. Anti-integrin antibodies may be of any of the types of antibodies described above. Antagonists can be identified by testing whether they inhibit the action of an agonist which, in the absence of the antagonist, would otherwise bind to the receptor and exert a biological effect.

Typically, organic molecules will be screened, preferably small organic molecules which have a molecular weight of from 50 to 2500 daltons. Candidate products can be

biomolecules including saccharides, fatty acids, steroids, purines, pyrimidines, derivatives, structural analogs or combinations thereof. Candidate agents are obtained from a wide variety of sources including libraries of synthetic or natural compounds.

Known pharmacological agents may be subjected to directed or random chemical modifications, such as acylation, alkylation, esterification, amidification, etc. to produce structural analogs.

Test substances may be used in an initial screen of, for example, 10 substances per reaction, and the substances of these batches which show inhibition tested individually.

Test substances may be used at a concentration of from 1nM to 1000 $\mu$ M, preferably from 1 $\mu$ M to 100 $\mu$ M, more preferably from 1 $\mu$ M to 10 $\mu$ M.

An inhibitor of the interaction between streptococcal M protein, fibrinogen and  $\beta_2$  integrin is one which produces a measurable reduction in such an interaction in a method described above. An inhibitor of the interaction is one which causes the degree of interaction to be reduced or substantially eliminated, as compared to the degree of interaction in the absence of that inhibitor. Preferred inhibitors are those which inhibit the interaction by at least 10%, at least 20%, at least 30%, at least 40%, at least 50%, at least 60%, at least 70%, at least 80%, at least 90%, at least 95% or at least 99% at a concentration of the inhibitor of 1  $\mu$ gml<sup>-1</sup>, 10  $\mu$ gml<sup>-1</sup>, 100  $\mu$ gml<sup>-1</sup>, 500  $\mu$ gml<sup>-1</sup>, 1 mgml<sup>-1</sup>, 10 mgml<sup>-1</sup>, 100mg ml<sup>-1</sup>. The percentage inhibition represents the percentage decrease in any interaction between streptococcal M protein, fibrinogen and  $\beta_2$  integrin in a comparison of assays in the presence and absence of the test substance. Any combination of the above mentioned degrees of percentage inhibition and concentration of inhibitor may be used to define an inhibitor of the invention, with greater inhibition at lower concentrations being preferred. Test substances which show activity in methods of the invention can be tested in *in vivo* systems, such as an animal disease model. Thus, candidate inhibitors could be tested for their ability to attenuate inflammation and/or lung lesions caused by streptococci in mice. Thus it can be determined whether test substances identified by methods of the invention are effective anti-streptococcal agents.

Inhibitors of the invention may be in substantially purified form. They may be in substantially isolated form, in which case they will generally comprise at least 80% e.g. at least 90, 95, 97 or 99% by weight of the dry mass in the preparation. The product is



typically substantially free of other cellular components. The product may be used in such a substantially isolated, purified or free form in the method of the invention.

The invention also provides a test kit. The kit consists essentially of a streptococcal M protein or a functional variant thereof, fibrinogen or a functional variant thereof, and, optionally, a  $\beta_2$  integrin or a functional variant thereof. The test kit may also  
5 comprise means for determining whether a test substance disrupts the interaction between the streptococcal M protein or a functional variant thereof, fibrinogen or a functional variant thereof and, optionally, the  $\beta_2$  integrin or functional variant thereof. Such a means may be the reagents and solutions required to determine whether streptococcal M  
10 proteins, fibrinogen and  $\beta_2$  integrin interact according to any method known in the art. A test kit of the invention may also comprise one or more buffers. Kits of the invention are optionally provided with packaging and preferably comprise instructions for the use of the kit.

Inhibitors of the invention may be used in a method of treatment of the human or  
15 animal body by therapy. In particular, inhibitors of the present invention may be used in the treatment of streptococcal infections, preferably in the treatment of infection by *S. pyogenes*. Inhibitors can be used to improve the condition of a patient suffering from a streptococcal infection. Such inhibitors may be used in the treatment of humans or animals. Such inhibitors may be used in prophylactic treatment, for example, in  
20 immunosuppressed patients more susceptible to streptococcal infection. Alternatively, such agents may be used in patients demonstrated to have a streptococcal infection to alleviate the symptoms thereof. A therapeutically effective amount of inhibitor may be given to a host in need thereof.

The inhibitors may be administered in a variety of dosage forms. Thus, they can  
25 be administered orally, for example as tablets, troches, lozenges, aqueous or oily suspensions, dispersible powders or granules. They may also be administered parenterally, either subcutaneously, intravenously, intramuscularly, intrasternally, transdermally or by infusion techniques. They may also be administered as suppositories. A physician will be able to determine the required route of administration for each  
30 particular patient.

The formulation of an inhibitor for use in preventing or treating streptococcal infection will depend upon factors such as the nature of the exact substance, whether a pharmaceutical or veterinary use is intended, etc. An inhibitor may be formulated for simultaneous, separate or sequential use.

5       An inhibitor is typically formulated for administration in the present invention with a pharmaceutically acceptable carrier or diluent. The pharmaceutical carrier or diluent may be, for example, an isotonic solution. For example, solid oral forms may contain, together with the active compound, diluents, e.g. lactose, dextrose, saccharose, cellulose, corn starch or potato starch; lubricants, e.g. silica, talc, stearic acid, magnesium  
10 or calcium stearate, and/or polyethylene glycols; binding agents; e.g. starches, gum arabic, gelatin, methylcellulose, carboxymethylcellulose or polyvinyl pyrrolidone; disaggregating agents, e.g. starch, alginic acid, alginates or sodium starch glycolate; effervescing mixtures; dyestuffs; sweeteners; wetting agents, such as lecithin, polysorbates, laurylsulphates; and, in general, non-toxic and pharmacologically inactive substances  
15 used in pharmaceutical formulations. Such pharmaceutical preparations may be manufactured in known manner, for example, by means of mixing, granulating, tableting, sugar-coating, or film-coating processes.

Liquid dispersions for oral administration may be syrups, emulsions or suspensions. The syrups may contain as carriers, for example, saccharose or saccharose  
20 with glycerine and/or mannitol and/or sorbitol.

Suspensions and emulsions may contain as carrier, for example a natural gum, agar, sodium alginate, pectin, methylcellulose, carboxymethylcellulose, or polyvinyl alcohol. The suspensions or solutions for intramuscular injections may contain, together with the active compound, a pharmaceutically acceptable carrier, e.g. sterile water, olive  
25 oil, ethyl oleate, glycols, e.g. propylene glycol, and if desired, a suitable amount of lidocaine hydrochloride.

Solutions for intravenous administration or infusion may contain as carrier, for example, sterile water or preferably they may be in the form of sterile, aqueous, isotonic saline solutions.

30       A therapeutically effective amount of an inhibitor is administered to an individual in need thereof. The dose of the inhibitor may be determined according to various

parameters, especially according to the substance used; the age, weight and condition of the patient to be treated; the route of administration; and the required regimen. Again, a physician will be able to determine the required route of administration and dosage for any particular patient. A typical daily dose is from about 0.1 to 50 mg per kg of body weight, according to the activity of the specific substance, the age, weight and conditions of the subject to be treated, the type and severity of the degeneration and the frequency and route of administration. Preferably, daily dosage levels are from 5 mg to 2 g.

The following Example illustrates the invention:

## 10 Example

### Materials and Methods

*Reagents.* Neutrophil Isolation Medium (NIM) was purchased from Cardinal Associates Inc. (Santa Fe, NM). RPMI 1640 medium with Glutamax I (trade mark), Minimum Essential Medium (MEM) with Earle's salts and L-glutamine, fetal bovine serum, and penicillin (5000 units/ml) / streptomycin (5000 µg/ml) solution were purchased from Life Technologies (Täby, Sweden). Ionomycin and formyl-methionyl-leucyl-phenylalanine (fMLP) were obtained from Calbiochem (La Jolla, CA). The acetoxymethyl ester of N,N'-(1,2-ethanediylbis(oxy-2,1-phenylene))bis(N-(carboxymethyl)) (BAPTA), and ProLong® Antifade Kit were from Molecular Probes (Eugene, OR). 4-(2-hydroxyethyl)-1-piperazineethanesulphonic acid (HEPES) was from Merck (Whitehouse Station, NJ). Streptococcal cysteine proteinase (SpeB) zymogen was purified from the medium of AP1 bacteria by ammonium sulfate precipitation (80 % w/v) followed by fractionation on S-Sepharose (Berge et al., 1997, J. Biol. Chem., 272, 20774-20781). Recombinant M1 protein, fragments A-S and S-C3, and protein H were obtained by expression in *E. coli* and purified as described earlier (Åkesson et al., 1994, Biochem. J., 300, 877-886; Berge et al., 1997, J. Biol. Chem., 272, 20774-20781). Recombinant human HBP was produced using the baculovirus expression system in Sf9 insect cells (Invitrogen Corp., Carlsbad, California) and was purified as described (Laemmli, 1970, Nature, 227, 680-685). Lipoteichoic acid (LTA), hyaluronic acid (HA), and bovine serum albumin (BSA) were from Sigma Chemical Co. (St. Louis, MO). Mouse mAB 2F23C3 and rabbit antiserum (409A) to recombinant HBP were prepared and purified as described

earlier (Lindmark et al., J. Leukoc. Biol., 66, 634-643) and peroxidase-conjugated goat anti-rabbit IgG was from Bio-Rad Laboratories (Richmond, CA). Peptides H-2935 (Gly-Pro-Arg-Pro) and H-2940 (Gly-His-Arg-Pro) were purchased from Bachem Feinchemikalien AG (Bubendorf, Switzerland). Fluanison/fentanyl and midazolam were from Janssen Pharmaceutica, Beers, Belgium and Hoffman-La Roche, Basel, Switzerland.

*Cell culture, neutrophil isolation, and stimulation of cells.* Human PMNs were isolated from fresh heparinized blood of healthy volunteers using NIM, a single step density gradient medium, according to the instructions supplied by the manufacture. PMNs were counted with a hemocytometer, resuspended in MEM medium at  $10^7$  cells/ml and maintained on rotation in this medium at room temperature until use. All experiments on isolated PMNs were performed in Na-medium and initiated within 1 h of PMN isolation. Neutrophilic proteinase release was induced by PMN activation through antibody cross-linking of CD11b/CD18 as described previously (Gautam et al., 2000, J. Exp. Med., 191, 1829-1839).

*Bacterial strains.* *S. pyogenes* strain AP1 used in this study is the 40/58 strain from the World Health Organization Collaborating Centre for references and Research on Streptococci, Institute of Hygiene and Epidemiology, Prague, Czech Republic. Its protein binding properties have been described (Åkesson et al., 1990, Immunol., 27, 523-531; Åkesson et al., 1994, Biochem. J., 300, 877-886; Gomi et al., 1990, J. Immunol., v. 144, p. 4046-4052). The MC25 strain, an AP1 mutant strain, was generated as described earlier (Collin and Olsén, 2000, Mol. Microbiol., 36, 1306-1318).

*Enzymatic treatment of S. pyogenes.* *S. pyogenes* bacteria (strain AP1) were grown in Todd-Hewitt broth (Difco, Detroit, MI) at 37°C for 16 h and harvested by centrifugation at 3000 x g for 20 min. The bacteria were washed twice in PBS and resuspended in PBS to  $2 \times 10^9$  cells/ml. Various amounts of secretion products from PMNs were added to bacterial suspensions followed by incubation for 2 h at 37°C. Bacteria were spun down at 3000 x g for 20 min, and the resulting pellets and supernatants were saved. Digestions were terminated by addition of SDS sample buffer reducing conditions.

*SDS-polyacrylamide gel electrophoresis, Western blotting, and immunoprinting.* Proteins were separated by 12.5% (w/v) polyacrylamide gel electrophoresis in the presence of 1% (w/v) SDS (Laemmli, 1970, Nature, 227, 680-685). Molecular weight

markers were from Sigma Chemical Co. (St. Louis, MO). The resolved proteins were visualized by the silver stain technique. Proteins were also transferred onto nitrocellulose membranes for 30 min at 100 mA (Khyse-Andersen, 1984, J. Biochem. Biophys. Methods, **10**, 203-209). The membranes were blocked with PBS containing 5% (w/v) dry milk powder and 0.05% (w/v) Tween-20, pH 7.4. Immunoprinting of the transferred proteins was done according to Towbin *et al.* (Towbin et al., 1979, Proc. Natl. Acad. Sci. USA, **76**, 4350-4354). Polyclonal antibodies against M1 protein, diluted 1:50000 in the blocking buffer, was used. Bound antibodies were detected using a peroxidase-conjugated secondary antibodies against rabbit IgG (dilution 1:3000) followed by a chemiluminescence detection method. Alternatively, membranes were blocked, incubated with fibrinogen (2 µg/ml) followed by immunodetection with antibodies to fibrinogen (1:1000) and peroxidase-conjugated secondary antibodies against rabbit immunoglobulin (1:3000 diluted).

*HBP release.* 100 µl human blood were diluted in PBS to a final volume of 1.0 ml and incubated with various PMNs-activating components for 30 min at 37°C. Cells were centrifuged (300 x g for 15 min) and the supernatant was analyzed by sandwich ELISA. In order to quantify the total amount of HBP in blood, cells were lysed with 0.02% (v/v) Triton X-100, and pelleted as described above.

*Determination of HBP.* The concentration of HBP in neutrophilic exudates was determined by a sandwich ELISA (Tapper et al., 2002, Blood, **99**, 1785-1793).

*Precipitation assay.* Radiolabeled M1 protein (<sup>125</sup>I-M1 protein). 10,000 cpm was incubated for 30 min with various amounts of non-radiolabeled M1 protein in PBS containing 10% plasma or 0.3 mg/ml fibrinogen. After centrifugation the pellets were resuspended in PBS and the precipitated M protein was detected by γ-counting.

*Scanning electron microscopy* - Probes were gently applied to Millipore filters (Waters Corporation, Milford). Samples were then sucked down to the filters by a wet filter paper lying underneath. The filters were fixed in 2% (v/v) glutaraldehyde, 0.1 M sodium cacodylate, 0.1 M sucrose, pH 7.2 for 1 h at 4°C, and washed with 0.15 M cacodylate, pH 7.2. The filters were postfixated with 1% (w/v) osmium tetroxide, 0.15 M sodium cacodylate, pH 7.2, for 1 h at 4°C, washed, and stored in cacodylate buffer. Fixed filter paper samples were dehydrated with an ascending ethanol series (10 min per step),

dried, mounted on aluminum holders, sputtered with palladium/gold, and examined in a Jeol JSM-350 scanning electron microscope.

*Thin-sectioning and transmission electron microscopy* - Samples were fixed for 1 h at room temperature and then overnight at 4°C in 2.5 % glutaraldehyde in 0.15 M sodium cacodylate, pH 7.4 (cacodylate buffer). Afterwards, they were washed with cacodylate buffer and postfixed for 1 h at room temperature in 1 % osmium tetroxide in cacodylate buffer and dehydrated in a graded series of ethanol and then embedded in Epon 812 using acetone as intermediate solvent. Specimens were sectioned with a diamond knife into 50 nm-thick ultrathin sections on an LKB ultramicrotome. The ultrathin sections were stained with uranyl acetate and lead citrate. Specimens were observed in a Jeol JEM 1230 electron microscope operated at 80 kV accelerating voltage. Images were recorded with a Gatan Multiscan 791 CCD camera.

*Clotting assay* - The thrombin clotting time (TCT) was measured in a coagulometer (Amelung, Lemgo, Germany). Samples of 200 µl human citrate-treated plasma were incubated with 4 µl of peptide H-2395 or H-2940 (5 mg/ml) for 15 min at 37°C. Clotting was initiated by adding 100 µl of the TCT reagent (Sigma Chemicals, St. Louis, MO).

*Preparation and stimulation of mouse bone marrow cells and leukocytes* - For each sample preparation, bone marrow cells and whole blood were collected from 3 to 5 mice. Bone marrow cells were harvested from the femur bones of the mice, pooled and suspended in calcium-free PBS. Whole blood was collected by cardiac puncture and anticoagulated with 10 mM EDTA (Gautam et al., 2001, Nat. Med., 7, 1123-1127). Blood leukocytes were isolated using Dextran sedimentation. Cells from blood and bone marrow were counted using a Bürker chamber. The WBC were washed twice in PBS and resuspended to  $1 \times 10^7$  cells/ml. In order to stimulate release of granule proteins, WBC (approximately  $10^7$  cells/ml) were pre-incubated with cytochalasin B (10 µM) at room temperature for 5 minutes, followed by incubation with 100 nM fMLP for another 30 min at 37°C. After centrifugation (2000 x g; 10 min) the supernatant was collected for further analysis. Alternatively, WBC were lysed by adding 1% boiling SDS in 10 mM Tris-HCl pH 7.4. The solution was boiled for an additional 5 min and then sonicated briefly and analyzed by SDS-PAGE, followed by Western blotting and immunoprinting. For

functional studies, cells were lysed by incubation in water for 10 minutes followed by a centrifugation step (10 min at 500 x g).

*RNA preparation* - RNA was prepared from bone marrow cells, harvested from murine femur bones. The cells were pelleted by centrifugation at 400 g. Total RNA was then prepared using the Trizol reagent (Gibco Life Technologies) and the purity was assessed from the ratio  $A_{260/280}$  (typically >1.8).

*RT-PCR* - RT-PCR was conducted with GeneAmp/PerkinElmer RNA PCR kit according to the manufacturer's protocol. Briefly, total RNA (500 ng) in water was heated (65°C, 10 min), chilled on ice, and reverse transcribed (20 min, 42°C GG GTT GTT GAG AA 3' derived from the genomic sequence (NM 001700) of human HBP), 1 U/ $\mu$ l RNase inhibitor, and 2.5 % de-ionized formamide. After denaturation (5 min, 99°C), samples were amplified in PCR buffer (1.5 mM  $MgCl_2$ , 0.2 mM dNTPs, 1  $\mu$ M primer, 2.5% de-ionized formamide, and 0.05 U/ $\mu$ l *Taq* polymerase) for 20-35 cycles with annealing between 50 and 60°C and extension at 72°C, using a PerkinElmer/GeneAmp PCR system 2400. Products were analyzed by agarose gel electrophoresis (1% gels).

*Animals* - Adult male mice (approximately 30 g) of the C57BL/6 strain were used. Animals were anaesthetized with equal parts of fluanison/fentanyl (Hypnorm 10, 0.2 mg/ml) and midazolam (Dormicum, 5 mg/ml) diluted 1:1 with sterile water (dose: 0.2 ml / mouse i.m.). The anaesthesia was supplemented with inhalation of 2% isoflurane. All animal experiments were approved by the regional ethical committee. Mice were given an intravenous injection of 100  $\mu$ l of a solution containing 150  $\mu$ g/ml M1 protein. Alternatively, 100  $\mu$ l of a solution containing 150  $\mu$ g/ml M1 protein and 4 mg/ml Gly-Pro-Arg-Pro or Gly-His-Arg-Pro were intravenously injected. As control vehicle alone was applied via the same route. 30 min after injection, mice were sacrificed and the lungs were removed.

## Results

### **Neutrophil proteinases release M1 protein from the surface of *S. pyogenes***

To test whether M1 protein is released from the streptococcal surface following treatment with human neutrophil proteinases, AP1 bacteria were incubated with serial dilutions of secretion products from PMNs stimulated by antibody-crosslinking of CD11b/CD18.

Activation of the  $\beta_2$  integrins by antibody-crosslinking mimics adhesion-dependent receptor engagement and induces the release of neutrophil elastase, cathepsin G, and proteinase 3 (Gautam et al., 2000, *J. Exp. Med.*, **191**, 1829-1839), which we confirmed in our experimental settings in an indirect ELISA (data not shown). Incubation of the neutrophil exudates with AP1 bacteria results in the solubilization of several streptococcal proteins from the bacterial cell wall as seen by SDS-PAGE (data not shown). The presence of M1 protein among the solubilized proteins, was analyzed by Western blot analysis using a polyclonal antiserum against M1 protein. Figure 1A shows that in the absence of released neutrophil components only small amounts of M1 protein are found in bacterial supernatants, whereas larger quantities of M1 protein fragments with different molecular masses were detected when bacteria were incubated with increasing volumes of neutrophil secretion products. The size of the largest M1 protein fragment in comparison to purified M1, suggests that it covers most, if not all, of the extra-cellular part of the M1 protein. With increasing concentrations of neutrophil secretion products M1 protein was further degraded (Fig. 1A). To test whether the generated M1 protein fragments were still capable of binding fibrinogen, solubilized streptococcal proteins after treatment with the highest volume of neutrophil exudate were run on SDS-PAGE, transferred onto nitrocellulose, and probed with fibrinogen. Bound fibrinogen was then immuno-detected with specific antibodies against fibrinogen as described earlier. *E. coli*-produced soluble M1 protein binds fibrinogen with high affinity, whereas the closely related protein H shows no interaction with fibrinogen (Åkesson et al., 1994, *Biochem. J.*, **300**, 877-886; Berge et al., 1997, *J. Biol. Chem.*, **272**, 20774-20781). This is demonstrated in figure 1B, which also shows that the treatment with secreted neutrophil components releases two fibrinogen-binding fragments from AP1 bacteria (Fig. 1B, lane 2). The molecular masses of these fragments correlate well with the M1 protein fragments seen in figure 1A. Transmission electron microscopy analyses of thin-sectioned AP1 bacteria before and after incubation with neutrophil exudates, revealed that these products efficiently remove the fibrous surface proteins of AP1 bacteria (Fig. 1C+D). These hair-like structures represent M protein and the results show that the neutrophil exudates release fibrinogen-binding M1 protein fragments from the bacterial surface.



### M1 protein triggers the release of heparin-binding protein (HBP) from PMNs in human blood

The inflammatory mediator HBP is released by PMNs and we investigated whether soluble M1 protein and/or other streptococcal components could release HBP when added to human whole blood. Figure 2A shows that about 63% of the HBP stored in PMNs is mobilized when M1 protein at a final concentration of 1  $\mu\text{g/ml}$  is added to blood.

Interestingly, both lower and higher concentrations resulted in less efficient HBP release. Apart from M1 protein, formyl-methionyl-leucyl-phenylalanine (fMLP) and lipoteichoic acid (LTA) evoked secretion of HBP. However, in contrast to the M1 protein-induced release, these effects were dose dependent. Hyaluronic acid (HA), which is part of the streptococcal capsule, and the secreted streptococcal proteins SpeB and protein SIC, did not induce HBP release. Protein H, an IgG-binding surface protein of AP1 bacteria (Åkesson et al., 1990, Mol. Immunol., 27, 523-531), is structurally closely related to the M1 protein, but does not bind fibrinogen (Åkesson et al., 1994, Biochem. J., 300, 877-886). Only minute amounts of HBP were secreted following the addition of protein H to blood.

To localize the region in the M1 protein that triggers secretion of HBP from PMNs, fragments A-S and S-C3 (Åkesson et al., 1994, Biochem. J., 300, 877-886) derived from the M1 protein (Fig. 2B, top), were tested. Figure 2B shows that treatment with fragment A-S led to mobilization of HBP, whereas fragment S-C3 had no effect. The results demonstrate that the  $\text{NH}_2$ -terminal part of the M1 protein is required for HBP release. Previous studies have identified fibrinogen-binding site(s) in the B domains of fragment A-S, albumin-binding sites in the C repeats of S-C3, and IgGFc-binding activity in the S region, which is present in both fragments (Åkesson et al., 1994, Biochem. J., 300, 877-886). The M1 protein and its two fragments are recombinant proteins produced in *E. coli*. However, also M1 protein produced by *S. pyogenes* releases HBP, as shown with an isogenic AP1 mutant strain, termed MC25, expressing a truncated M1 protein lacking the COOH-terminal cell wall anchoring motif. This strain has no surface-bound M1 protein, but produces an M1 protein fragment that is secreted into the growth medium (Collin and Olsén, 2000, Mol. Microbiol., 36, 1306-1318). Figure 2C shows that supernatants of an overnight culture from MC25 bacteria trigger the release of HBP, while culture

supernatants from AP1 bacteria or growth medium alone did not have this effect. The results demonstrate that soluble M1 protein produced by *E. coli* or *S. pyogenes* induces HBP release in human blood.

**The release of HBP from PMNs in human blood is modulated by signal transduction mediators and extracellular divalent metal ions**

PMNs release their granular content upon cell lysis or by a regulated secretory mechanism involving a sophisticated signal transduction machinery (Borregaard and Cowland, 1997, *Blood*, 89, 3503-3521). To investigate by which mechanism M1 protein induces mobilization of HBP, the influence of signal transduction inhibitors on HBP release was analyzed. Theoretically, fMLP contamination of the M1 protein preparation could cause activation of PMNs, and the first substances tested were t-boc-MLP (an fMLP antagonist) and pertussis toxin (an antagonist of G<sub>i</sub> protein-coupled seven membrane spanning receptors, to which fMLP receptors belong). As shown in Figure 3, none of the two components inhibited the release of HBP, implicating that fMLP was not present in the M1 protein preparation and that M1 protein does not act as an fMLP receptor agonist. The next signal transduction inhibitors to be employed were genistein (a tyrosine kinase inhibitor (O'Dell et al., 1991, *Nature*, 353, 558-560)) and wortmannin (a phosphatidylinositol 3-kinase inhibitor (Cardenas et al., 1998, *Trends Biotechnol.*, 16, 427-433)). These inhibitors abrogate down-stream effects of  $\beta_2$  integrin-triggered PMN signaling (Axelsson et al., 2000, *Exp. Cell. Res.*, 256, 257-263), and both blocked the release of HBP almost completely. To study the effect of intracellular and extracellular calcium, cells were incubated with BAPTA (complexing intracellular calcium) and EGTA (complexing extracellular calcium). Like genistein and wortmannin, this treatment inhibited the mobilization of HBP. When EGTA was used in the absence of BAPTA, it also blocked HBP release. These results suggest that the binding of M1 protein to PMNs is dependent on divalent metal ions. Other inhibitors which are mainly involved in the signal transduction pathways of G protein-coupled receptors and growth hormone receptors, such as AG1478 (a selective inhibitor of EGF receptor tyrosine kinase (Osherov and Levitzki, 1994, *Eur. J. Biochem.*, 225, 1047-1053)), GF109203 (a protein kinase C inhibitor (Toullec et al., 1991, *J. Biol. Chem.*, 266, 15771-15781)), H-89 (an inhibitor of cAMP-dependent protein kinase (PKA) (Fujihara et al., 1993, *J. Biol. Chem.*,

268, 14898-14905)), PD98059 (an inhibitor of the MAPK pathway (Dudley et al., 1995, Proc. Natl. Acad. Sci. USA, 92, 7686-7689)), and U-73122 (a phospholipase C inhibitor (Smallridge et al., 1992, Endocrinology, 131, 1883-1888)), did not interfere with the secretion of HBP. Taken together, the results show that the release of HBP induced by M1  
 5 protein is dependent on the binding of the streptococcal protein to a receptor-like structure located at the neutrophil surface. The data also demonstrate that the binding is dependent on extracellular divalent metal ions.

#### **M1 protein precipitates fibrinogen in plasma**

To identify a neutrophil receptor mediating the release of HBP in blood, binding of  
 10 <sup>125</sup>I-M1 protein to purified PMNs was tested. However, no significant binding to the PMNs was detected, suggesting that the interaction requires a co-factor, presumably a plasma protein. One of our initial observations was that the addition of M1 protein (at a concentration of 1 µg/ml) to plasma (diluted 1/10) provoked a visible precipitation, while  
 15 at other concentrations of M1 protein no precipitate was formed in the plasma sample (Fig. 4A). Notably, maximal release of HBP from PMNs was also recorded at a M1 protein concentration of 1 µg/ml blood diluted 1/10 (Fig. 4B), suggesting that M1 precipitation and HBP release are correlated. The finding that M protein forms  
 20 precipitates in human plasma was reported already in 1965, and was found to be the result of interactions between M protein and fibrinogen (Kantor, 1965, J. Exp. Med., 121, 849-859). The interaction between purified M1 protein and fibrinogen in solution was  
 25 therefore investigated, and also in this case a precipitate was formed at the same concentrations of M1 protein and fibrinogen as in plasma (Fig. 4C). In contrast, no precipitation occurred when M1 protein was added to fibrinogen-deficient plasma (data not shown). The presence of serine proteinase inhibitors did not influence M1 protein-  
 30 induced precipitation, indicating that a thrombin-like cleavage of fibrinogen did not cause the precipitation (data not shown). Scanning electron micrographs of the precipitates revealed amorphous aggregation, where individual protein components could not be distinguished (Fig. 4D). In contrast, plasma clots induced by thrombin showed networks of fibrin fibrils similar to those described previously (Herwald et al., 1998, Nat. Med., 4, 298-302; Persson et al., 2000, J. Exp. Med., 192, 1415-1424). Analysis by transmission electron microscopy of ultra-thin sections at higher resolution showed irregular micro-

fibrillar M1 protein/plasma precipitates (Fig. 4E) and highly organized cross-striated thrombin-induced fibrin fibrils. The results show that M1 protein, when added to human plasma in a narrow concentration range, has the potential to trigger plasma precipitation. The precipitate formed, is morphologically different from a physiological clot induced by thrombin.

#### **Precipitates of M1 protein and fibrinogen activate PMNs**

In another set of experiments, we analyzed the interaction between M1 protein/fibrinogen precipitates and PMNs by scanning electron microscopy. Figure 5A shows that PMNs reconstituted with a mixture containing M1 protein and plasma, form aggregates that are covered with an amorph proteinous layer (Fig. 5A, upper left), similar to the M1 protein/fibrinogen precipitates seen in figure 4D. No precipitation or aggregation was found when PMNs were reconstituted with plasma in the absence of M1 protein (Fig. 5A, upper right), or when PMNs were treated with M1 protein dissolved in buffer instead of plasma (Fig. 5A, lower left). Purified PMNs incubated with buffer alone were used as a control (Fig. 5A, lower right). Additional experiments with plasma revealed that the aggregation of PMNs in the presence of M1 protein is fibrinogen-dependent (data not shown). The data indicate that the interaction between PMNs and M1 protein/fibrinogen complexes precipitates activates the cells, which results in HBP release. We therefore analyzed whether preformed M1 protein/fibrinogen precipitates are required for PMN activation. M1 protein (final concentration 1  $\mu$ g/ml) was incubated with fibrinogen (0.3 mg/ml) or with plasma (diluted 1/10) for 30 min. Following centrifugation and washing, the resulting pellets were added to human blood (diluted 1/10) for 30 min and the release of HBP was determined. As a control, fibrinogen and plasma in the absence of M1 protein was treated in the same way. Figure 5B demonstrates that M1 protein-induced precipitates formed in a fibrinogen solution or in plasma caused HBP release, whereas the controls were negative. Combined the data described in this paragraph show that M1 protein/fibrinogen precipitates bind to PMNs and induce their aggregation and activation, which results in the release of HBP.

#### **M1 protein-induced HBP release is blocked by a $\beta_2$ integrin antagonist**

Human fibrinogen binds to PMNs via  $\beta_2$  integrins (Altieri, 1999, *Thromb. Haemost.*, 82, 781-786) and for CD11c/CD18 the binding site was mapped to the NH<sub>2</sub>-terminal

region of the A $\alpha$  chain of fibrinogen. A peptide derived from this region (Gly-Pro-Arg-Pro), has been shown to block adherence of TNF-stimulated PMNs to fibrinogen-coated surfaces, while other peptides from the same region, including Gly-His-Arg-Pro, had no effect (Loike et al., 1991, Proc. Natl. Acad. Sci. USA, **88**, 1044-1048). Furthermore, it was demonstrated that antibodies against  $\beta_2$  integrins inhibit the binding of fibrinogen to activated PMNs, and among these antibodies a monoclonal antibody (IB4) directed against the common  $\beta$ -chain of integrins, was the most potent (Loike et al., 1991, Proc. Natl. Acad. Sci. USA, **88**, 1044-1048). Platelet-induced activation of PMNs was also found to be dependent on the interaction between CD11c/CD18 and the A $\alpha$  chain of platelet-expressed fibrinogen (Ruf and Patscheke, 1995, Br. J. Haematol., **90**, 791-796). As shown for the binding of fibrinogen to PMNs, platelet-induced activation was also inhibited by the Gly-Pro-Arg-Pro peptide and by antibodies to CD11c, whereas the Gly-His-Arg-Pro peptide had no effect. These reports indicate that the binding of PMNs to immobilized fibrinogen (for instance on coverslips or platelets) involves the  $\beta_2$  integrins leading to an activation of PMNs. Interestingly, Gly-Pro-Arg-Pro not only inhibits the binding of fibrinogen to  $\beta_2$  integrins, but it also prevents clot formation (Laudano and Doolittle, 1980, Biochemistry, **19**, 1013-1019), and figure 6A shows that Gly-Pro-Arg-Pro completely blocked thrombin-induced coagulation of normal plasma, while Gly-His-Arg-Pro did not influence the clotting time. We also tested the influence of the two peptides on the interaction between M1 protein and fibrinogen, but none of the peptides had any effect (data not shown). The Gly-Pro-Arg-Pro and Gly-His-Arg-Pro peptides, as well as antibodies to the  $\beta_2$  integrins (IB4), were also tested for their ability to interfere with the M1 protein-induced secretion of HBP. As shown in figure 6B, the addition of Gly-Pro-Arg-Pro to human blood blocked the mobilization of HBP by M1 protein in a dose dependent manner, and also antibody IB4 directed against the common  $\beta$ -chain of integrins impaired the release. The control substances, Gly-His-Arg-Pro and an unrelated antibody to H-kininogen, did not influence the secretion (Fig. 6B). The effect of Gly-Pro-Arg-Pro on M1 protein-induced PMN aggregation was confirmed by scanning electron microscopy analysis. As shown in figure 6C (middle panel), Gly-Pro-Arg-Pro inhibited the aggregation of PMNs in a mixture of plasma and M1 protein. In contrast, Gly-His-Arg-Pro had no effect on the aggregation of PMNs. These results support the notion that

M1 protein-fibrinogen complexes cause a clustering of  $\beta_2$  integrins at the PMN surface, which results in the release of HBP. This mechanism appears to be similar to the previously described antibody-mediated cross-linking of CD11b/CD18 that mimics adhesion-dependent receptor engagement causing a massive release of HBP from PMNs (Gautam et al., 2000, J. Exp. Med., 191, 1829-1839).

**Intravenous injection of M1 protein into mice causes severe lung lesions that are prevented by the administration of a  $\beta_2$  integrin antagonist**

So far, HBP has only been identified in humans and before mouse experiments were performed, we investigated whether an HBP homologue is also present in the mouse. To this end, bone marrow cells from mice were isolated and the existence of a murine HBP homologue could be demonstrated by RT-PCR analysis using a primer set derived from human HBP and by Western blot analysis using antibodies against human HBP (data not shown). A series of animal experiments was then conducted with anaesthetized mice. Three mice received M1 protein i.v. (15  $\mu$ g/animal); three were treated with a mixture of M1 protein (15  $\mu$ g/animal) and peptide Gly-Pro-Arg-Pro (400  $\mu$ g/animal); three with a mixture of M1 protein (15  $\mu$ g/animal) and peptide Gly-His-Arg-Pro (400  $\mu$ g/animal); and three with vehicle alone. Thirty minutes after administration the breathing of mice injected with M1 protein or M1 protein plus peptide Gly-His-Arg-Pro was clearly affected as compared to the other mice. The animals were sacrificed and the lungs were removed and analyzed by scanning electron microscopy. Figure 7A depicts a representative lung sample from a mouse injected with buffer only, showing intact lung tissue. Micrographs from mice injected with M1 protein demonstrate severe leakage of erythrocytes and proteinous aggregates, including fibrin deposits (Fig. 7B). The morphology of the aggregates resembles the M1 protein-induced amorphous plasma precipitates seen in figure 6B. The lungs of mice injected with M1 protein and Gly-Pro-Arg-Pro contained no precipitates. However, some alveolar swelling and leakage of erythrocytes were observed indicating an inflammatory reaction (Fig. 7C). In contrast, treatment with Gly-His-Pro-Arg did not influence M1 protein-caused lung damage (Fig. 7D). In order to quantify the degree of lung affection six randomly chosen lung tissue section from each of the twelve animals were analyzed by electron microscopy, and the ratio of lung area containing protein aggregates versus total lung area was determined. Less than 10% of the lung tissue

of animal injected with buffer alone or with M1 protein plus the Gly-Pro-Arg-Pro peptide, contained protein aggregates ( $3 \pm 1\%$  and  $6 \pm 2\%$ , respectively). In contrast, 90% of the lungs of animals treated with M1 protein or a mixture of M1 protein and the Gly-His-Arg-Pro peptide contained protein aggregates ( $90 \pm 2\%$  in both cases). These animal  
5 experiments suggest that M1 protein-fibrinogen aggregates activate PMNs via the  $\beta_2$  integrins, resulting in massive vascular leakage and deposition of protein aggregates in the lung tissue. The results also show that this pathophysiological effect can be blocked when fibrinogen-induced crosslinking of  $\beta_2$  integrins is prevented by the Gly-Pro-Arg-Pro peptide.

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50 <223> Protein

<400> 3

Gly His Arg Pro

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5    <213> artificial sequence

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    <223> PCR primer

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    <210> 5
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15   <212> PRT
    <213> Homo sapiens

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20   <222> (1)..(19)
    <223>

    <220>
    <221> PROPEP
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    <223>

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    <221> PEPTIDE
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    <223>

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35   <222> (36)..(644)
    <223> mature peptide

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    Ala Trp Thr Ala Asp Ser Gly Glu Gly Asp Phe Leu Ala Glu Gly Gly
    -15 -10 -5
    Gly Val Arg Gly Pro Arg Val Val Glu Arg His Gln Ser Ala Cys Lys
    -1 1 5 10
45   Asp Ser Asp Trp Pro Phe Cys Ser Asp Glu Asp Trp Asn Tyr Lys Cys
    15 20 25
    Pro Ser Gly Cys Arg Met Lys Gly Leu Ile Asp Glu Val Asn Gln Asp
    30 35 40 45
    Phe Thr Asn Arg Ile Asn Lys Leu Lys Asn Ser Leu Phe Glu Tyr Gln
    50 55 60
    Lys Asn Asn Lys Asp Ser His Ser Leu Thr Thr Asn Ile Met Glu Ile
    65 70 75
    Leu Arg Gly Asp Phe Ser Ser Ala Asn Asn Arg Asp Asn Thr Tyr Asn
    80 85 90

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Arg Val Ser Glu Asp Leu Arg Ser Arg Ile Glu Val Leu Lys Arg Lys  
 95 100 105  
 Val Ile Glu Lys Val Gln His Ile Gln Leu Leu Gln Lys Asn Val Arg  
 110 115 120 125  
 5 Ala Gln Leu Val Asp Met Lys Arg Leu Glu Val Asp Ile Asp Ile Lys  
 130 135 140  
 Ile Arg Ser Cys Arg Gly Ser Cys Ser Arg Ala Leu Ala Arg Glu Val  
 145 150 155  
 10 Asp Leu Lys Asp Tyr Glu Asp Gln Gln Lys Gln Leu Glu Gln Val Ile  
 160 165 170  
 Ala Lys Asp Leu Leu Pro Ser Arg Asp Arg Gln His Leu Pro Leu Ile  
 175 180 185  
 Lys Met Lys Pro Val Pro Asp Leu Val Pro Gly Asn Phe Lys Ser Gln  
 190 195 200 205  
 15 Leu Gln Lys Val Pro Pro Glu Trp Lys Ala Leu Thr Asp Met Pro Gln  
 210 215 220  
 Met Arg Met Glu Leu Glu Arg Pro Gly Gly Asn Glu Ile Thr Arg Gly  
 225 230 235  
 20 Gly Ser Thr Ser Tyr Gly Thr Gly Ser Glu Thr Glu Ser Pro Arg Asn  
 240 245 250  
 Pro Ser Ser Ala Gly Ser Trp Asn Ser Gly Ser Ser Gly Pro Gly Ser  
 255 260 265  
 Thr Gly Asn Arg Asn Pro Gly Ser Ser Gly Thr Gly Gly Thr Ala Thr  
 270 275 280 285  
 25 Trp Lys Pro Gly Ser Ser Gly Pro Gly Ser Thr Gly Ser Trp Asn Ser  
 290 295 300  
 Gly Ser Ser Gly Thr Gly Ser Thr Gly Asn Gln Asn Pro Gly Ser Pro  
 305 310 315  
 30 Arg Pro Gly Ser Thr Gly Thr Trp Asn Pro Gly Ser Ser Glu Arg Gly  
 320 325 330  
 Ser Ala Gly His Trp Thr Ser Glu Ser Ser Val Ser Gly Ser Thr Gly  
 335 340 345  
 Gln Trp His Ser Glu Ser Gly Ser Phe Arg Pro Asp Ser Pro Gly Ser  
 350 355 360 365  
 35 Gly Asn Ala Arg Pro Asn Asn Pro Asp Trp Gly Thr Phe Glu Glu Val  
 370 375 380  
 Ser Gly Asn Val Ser Pro Gly Thr Arg Arg Glu Tyr His Thr Glu Lys  
 385 390 395  
 40 Leu Val Thr Ser Lys Gly Asp Lys Glu Leu Arg Thr Gly Lys Glu Lys  
 400 405 410  
 Val Thr Ser Gly Ser Thr Thr Thr Thr Arg Arg Ser Cys Ser Lys Thr  
 415 420 425  
 Val Thr Lys Thr Val Ile Gly Pro Asp Gly His Lys Glu Val Thr Lys  
 430 435 440 445  
 45 Glu Val Val Thr Ser Glu Asp Gly Ser Asp Cys Pro Glu Ala Met Asp  
 450 455 460  
 Leu Gly Thr Leu Ser Gly Ile Gly Thr Leu Asp Gly Phe Arg His Arg  
 465 470 475  
 50 His Pro Asp Glu Ala Ala Phe Phe Asp Thr Ala Ser Thr Gly Lys Thr  
 480 485 490  
 Phe Pro Gly Phe Phe Ser Pro Met Leu Gly Glu Phe Val Ser Glu Thr  
 495 500 505  
 Glu Ser Arg Gly Ser Glu Ser Gly Ile Phe Thr Asn Thr Lys Glu Ser  
 510 515 520 525

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			-40						-35					-30			
His	Leu	Leu	Leu	Leu	Leu	Leu	Cys	Val	Phe	Leu	Val	Lys	Ser	Gln	Gly		
		-25						-20					-15				
Val	Asn	Asp	Asn	Glu	Glu	Gly	Phe	Phe	Ser	Ala	Arg	Gly	His	Arg	Pro		
	-10					-5				-1	1						
Leu	Asp	Lys	Lys	Arg	Glu	Glu	Ala	Pro	Ser	Leu	Arg	Pro	Ala	Pro	Pro		
5				10						15					20		
Pro	Ile	Ser	Gly	Gly	Gly	Tyr	Arg	Ala	Arg	Pro	Ala	Lys	Ala	Ala	Ala		
			25						30					35			
Thr	Gln	Lys	Lys	Val	Glu	Arg	Lys	Ala	Pro	Asp	Ala	Gly	Gly	Cys	Leu		
		40						45					50				
His	Ala	Asp	Pro	Asp	Leu	Gly	Val	Leu	Cys	Pro	Thr	Gly	Cys	Gln	Leu		
	55					60						65					
Gln	Glu	Ala	Leu	Leu	Gln	Gln	Glu	Arg	Pro	Ile	Arg	Asn	Ser	Val	Asp		
	70					75					80						
Glu	Leu	Asn	Asn	Asn	Val	Glu	Ala	Val	Ser	Gln	Thr	Ser	Ser	Ser	Ser		
85				90						95					100		
Phe	Gln	Tyr	Met	Tyr	Leu	Leu	Lys	Asp	Leu	Trp	Gln	Lys	Arg	Gln	Lys		
			105						110					115			
Gln	Val	Lys	Asp	Asn	Glu	Asn	Val	Val	Asn	Glu	Tyr	Ser	Ser	Glu	Leu		

120 125 130  
 Glu Lys His Gln Leu Tyr Ile Asp Glu Thr Val Asn Ser Asn Ile Pro  
 135 140 145  
 Thr Asn Leu Arg Val Leu Arg Ser Ile Leu Glu Asn Leu Arg Ser Lys  
 5 150 155 160  
 Ile Gln Lys Leu Glu Ser Asp Val Ser Ala Gln Met Glu Tyr Cys Arg  
 165 170 175 180  
 Thr Pro Cys Thr Val Ser Cys Asn Ile Pro Val Val Ser Gly Lys Glu  
 185 190 195  
 10 Cys Glu Glu Ile Ile Arg Lys Gly Gly Glu Thr Ser Glu Met Tyr Leu  
 200 205 210  
 Ile Gln Pro Asp Ser Ser Val Lys Pro Tyr Arg Val Tyr Cys Asp Met  
 215 220 225  
 Asn Thr Glu Asn Gly Gly Trp Thr Val Ile Gln Asn Arg Gln Asp Gly  
 15 230 235 240  
 Ser Val Asp Phe Gly Arg Lys Trp Asp Pro Tyr Lys Gln Gly Phe Gly  
 245 250 255 260  
 Asn Val Ala Thr Asn Thr Asp Gly Lys Asn Tyr Cys Gly Leu Pro Gly  
 265 270 275  
 20 Glu Tyr Trp Leu Gly Asn Asp Lys Ile Ser Gln Leu Thr Arg Met Gly  
 280 285 290  
 Pro Thr Glu Leu Leu Ile Glu Met Glu Asp Trp Lys Gly Asp Lys Val  
 295 300 305  
 Lys Ala His Tyr Gly Gly Phe Thr Val Gln Asn Glu Ala Asn Lys Tyr  
 25 310 315 320  
 Gln Ile Ser Val Asn Lys Tyr Arg Gly Thr Ala Gly Asn Ala Leu Met  
 325 330 335 340  
 Asp Gly Ala Ser Gln Leu Met Gly Glu Asn Arg Thr Met Thr Ile His  
 345 350 355  
 30 Asn Gly Met Phe Phe Ser Thr Tyr Asp Arg Asp Asn Asp Gly Trp Leu  
 360 365 370  
 Thr Ser Asp Pro Arg Lys Gln Cys Ser Lys Glu Asp Gly Gly Gly Trp  
 375 380 385  
 Trp Tyr Asn Arg Cys His Ala Ala Asn Pro Asn Gly Arg Tyr Tyr Trp  
 35 390 395 400  
 Gly Gly Gln Tyr Thr Trp Asp Met Ala Lys His Gly Thr Asp Asp Gly  
 405 410 415 420  
 Val Val Trp Met Asn Trp Lys Gly Ser Trp Tyr Ser Met Arg Lys Met  
 425 430 435  
 40 Ser Met Lys Ile Arg Pro Phe Phe Pro Gln Gln  
 440 445

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<211> 453

45 <212> PRT

<213> Homo sapiens

<220>

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50 <222> (1)..(26)

<223>

<220>

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&lt;223&gt; mature peptide

&lt;400&gt; 7

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 Leu Leu Phe Leu Ser Ser Thr Cys Val Ala Tyr Val Ala Thr Arg Asp  
    -10                     -5                     -1 1                     5  
 10 Asn Cys Cys Ile Leu Asp Glu Arg Phe Gly Ser Tyr Cys Pro Thr Thr  
       10                     15                     20  
 Cys Gly Ile Ala Asp Phe Leu Ser Thr Tyr Gln Thr Lys Val Asp Lys  
       25                     30                     35  
 Asp Leu Gln Ser Leu Glu Asp Ile Leu His Gln Val Glu Asn Lys Thr  
       40                     45                     50  
 15 Ser Glu Val Lys Gln Leu Ile Lys Ala Ile Gln Leu Thr Tyr Asn Pro  
       55                     60                     65                     70  
 Asp Glu Ser Ser Lys Pro Asn Met Ile Asp Ala Ala Thr Leu Lys Ser  
       75                     80                     85  
 Arg Ile Met Leu Glu Glu Ile Met Lys Tyr Glu Ala Ser Ile Leu Thr  
 20                     90                     95                     100  
 His Asp Ser Ser Ile Arg Tyr Leu Gln Glu Ile Tyr Asn Ser Asn Asn  
       105                     110                     115  
 Gln Lys Ile Val Asn Leu Lys Glu Lys Val Ala Gln Leu Glu Ala Gln  
       120                     125                     130  
 25 Cys Gln Glu Pro Cys Lys Asp Thr Val Gln Ile His Asp Ile Thr Gly  
       135                     140                     145                     150  
 Lys Asp Cys Gln Asp Ile Ala Asn Lys Gly Ala Lys Gln Ser Gly Leu  
       155                     160                     165  
 Tyr Phe Ile Lys Pro Leu Lys Ala Asn Gln Gln Phe Leu Val Tyr Cys  
 30                     170                     175                     180  
 Glu Ile Asp Gly Ser Gly Asn Gly Trp Thr Val Phe Gln Lys Arg Leu  
       185                     190                     195  
 Asp Gly Ser Val Asp Phe Lys Lys Asn Trp Ile Gln Tyr Lys Glu Gly  
       200                     205                     210  
 35 Phe Gly His Leu Ser Pro Thr Gly Thr Thr Glu Phe Trp Leu Gly Asn  
       215                     220                     225                     230  
 Glu Lys Ile His Leu Ile Ser Thr Gln Ser Ala Ile Pro Tyr Ala Leu  
       235                     240                     245  
 Arg Val Glu Leu Glu Asp Trp Asn Gly Arg Thr Ser Thr Ala Asp Tyr  
 40                     250                     255                     260  
 Ala Met Phe Lys Val Gly Pro Glu Ala Asp Lys Tyr Arg Leu Thr Tyr  
       265                     270                     275  
 Ala Tyr Phe Ala Gly Gly Asp Ala Gly Asp Ala Phe Asp Gly Phe Asp  
       280                     285                     290  
 45 Phe Gly Asp Asp Pro Ser Asp Lys Phe Phe Thr Ser His Asn Gly Met  
       295                     300                     305                     310  
 Gln Phe Ser Thr Trp Asp Asn Asp Asn Asp Lys Phe Glu Gly Asn Cys  
       315                     320                     325  
 Ala Glu Gln Asp Gly Ser Gly Trp Trp Met Asn Lys Cys His Ala Gly  
 50                     330                     335                     340  
 His Leu Asn Gly Val Tyr Tyr Gln Gly Gly Thr Tyr Ser Lys Ala Ser  
       345                     350                     355  
 Thr Pro Asn Gly Tyr Asp Asn Gly Ile Ile Trp Ala Thr Trp Lys Thr  
       360                     365                     370

Arg Trp Tyr Ser Met Lys Lys Thr Thr Met Lys Ile Ile Pro Phe Asn  
 375 380 385 390  
 Arg Leu Thr Ile Gly Glu Gly Gln Gln His His Leu Gly Gly Ala Lys  
 395 400 405  
 5 Gln Val Arg Pro Glu His Pro Ala Glu Thr Glu Tyr Asp Ser Leu Tyr  
 410 415 420  
 Pro Glu Asp Asp Leu  
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10 <210> 8  
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 <213> Homo sapiens

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25 <220>  
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30 <220>  
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 <223> I-domain (insertion domain)

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 40 Gly Phe Gly Gln Ser Val Val Gln Leu Gln Gly Ser Arg Val Val Val  
 20 25 30  
 Gly Ala Pro Gln Glu Ile Val Ala Ala Asn Gln Arg Gly Ser Leu Tyr  
 35 40 45  
 Gln Cys Asp Tyr Ser Thr Gly Ser Cys Glu Pro Ile Arg Leu Gln Val  
 45 50 55 60  
 Pro Val Glu Ala Val Asn Met Ser Leu Gly Leu Ser Leu Ala Ala Thr  
 65 70 75 80  
 Thr Ser Pro Pro Gln Leu Leu Ala Cys Gly Pro Thr Val His Gln Thr  
 85 90 95  
 50 Cys Ser Glu Asn Thr Tyr Val Lys Gly Leu Cys Phe Leu Phe Gly Ser  
 100 105 110  
 Asn Leu Arg Gln Gln Pro Gln Lys Phe Pro Glu Ala Leu Arg Gly Cys  
 115 120 125  
 Pro Gln Glu Asp Ser Asp Ile Ala Phe Leu Ile Asp Gly Ser Gly Ser

130 135 140  
 Ile Ile Pro His Asp Phe Arg Arg Met Lys Glu Phe Val Ser Thr Val  
 145 150 155 160  
 Met Glu Gln Leu Lys Lys Ser Lys Thr Leu Phe Ser Leu Met Gln Tyr  
 5 165 170 175  
 Ser Glu Glu Phe Arg Ile His Phe Thr Phe Lys Glu Phe Gln Asn Asn  
 180 185 190  
 Pro Asn Pro Arg Ser Leu Val Lys Pro Ile Thr Gln Leu Leu Gly Arg  
 195 200 205  
 10 Thr His Thr Ala Thr Gly Ile Arg Lys Val Val Arg Glu Leu Phe Asn  
 210 215 220  
 Ile Thr Asn Gly Ala Arg Lys Asn Ala Phe Lys Ile Leu Val Val Ile  
 225 230 235 240  
 Thr Asp Gly Glu Lys Phe Gly Asp Pro Leu Gly Tyr Glu Asp Val Ile  
 15 245 250 255  
 Pro Glu Ala Asp Arg Glu Gly Val Ile Arg Tyr Val Ile Gly Val Gly  
 260 265 270  
 Asp Ala Phe Arg Ser Glu Lys Ser Arg Gln Glu Leu Asn Thr Ile Ala  
 275 280 285  
 20 Ser Lys Pro Pro Arg Asp His Val Phe Gln Val Asn Asn Phe Glu Ala  
 290 295 300  
 Leu Lys Thr Ile Gln Asn Gln Leu Arg Glu Lys Ile Phe Ala Ile Glu  
 305 310 315 320  
 Gly Thr Gln Thr Gly Ser Ser Ser Ser Phe Glu His Glu Met Ser Gln  
 25 325 330 335  
 Glu Gly Phe Ser Ala Ala Ile Thr Ser Asn Gly Pro Leu Leu Ser Thr  
 340 345 350  
 Val Gly Ser Tyr Asp Trp Ala Gly Gly Val Phe Leu Tyr Thr Ser Lys  
 355 360 365  
 30 Glu Lys Ser Thr Phe Ile Asn Met Thr Arg Val Asp Ser Asp Met Asn  
 370 375 380  
 Asp Ala Tyr Leu Gly Tyr Ala Ala Ala Ile Ile Leu Arg Asn Arg Val  
 385 390 395 400  
 Gln Ser Leu Val Leu Gly Ala Pro Arg Tyr Gln His Ile Gly Leu Val  
 35 405 410 415  
 Ala Met Phe Arg Gln Asn Thr Gly Met Trp Glu Ser Asn Ala Asn Val  
 420 425 430  
 Lys Gly Thr Gln Ile Gly Ala Tyr Phe Gly Ala Ser Leu Cys Ser Val  
 435 440 445  
 40 Asp Val Asp Ser Asn Gly Ser Thr Asp Leu Val Leu Ile Gly Ala Pro  
 450 455 460  
 His Tyr Tyr Glu Gln Thr Arg Gly Gly Gln Val Ser Val Cys Pro Leu  
 465 470 475 480  
 Pro Arg Gly Arg Ala Arg Trp Gln Cys Asp Ala Val Leu Tyr Gly Glu  
 45 485 490 495  
 Gln Gly Gln Pro Trp Gly Arg Phe Gly Ala Ala Leu Thr Val Leu Gly  
 500 505 510  
 Asp Val Asn Gly Asp Lys Leu Thr Asp Val Ala Ile Gly Ala Pro Gly  
 515 520 525  
 50 Glu Glu Asp Asn Arg Gly Ala Val Tyr Leu Phe His Gly Thr Ser Gly  
 530 535 540  
 Ser Gly Ile Ser Pro Ser His Ser Gln Arg Ile Ala Gly Ser Lys Leu  
 545 550 555 560  
 Ser Pro Arg Leu Gln Tyr Phe Gly Gln Ser Leu Ser Gly Gly Gln Asp



565 570 575  
 Leu Thr Met Asp Gly Leu Val Asp Leu Thr Val Gly Ala Gln Gly His  
 580 585 590  
 Val Leu Leu Leu Arg Ser Gln Pro Val Leu Arg Val Lys Ala Ile Met  
 595 600 605  
 Glu Phe Asn Pro Arg Glu Val Ala Arg Asn Val Phe Glu Cys Asn Asp  
 610 615 620  
 Gln Val Val Lys Gly Lys Glu Ala Gly Glu Val Arg Val Cys Leu His  
 625 630 635 640  
 10 Val Gln Lys Ser Thr Arg Asp Arg Leu Arg Glu Gly Gln Ile Gln Ser  
 645 650 655  
 Val Val Thr Tyr Asp Leu Ala Leu Asp Ser Gly Arg Pro His Ser Arg  
 660 665 670  
 15 Ala Val Phe Asn Glu Thr Lys Asn Ser Thr Arg Arg Gln Thr Gln Val  
 675 680 685  
 Leu Gly Leu Thr Gln Thr Cys Glu Thr Leu Lys Leu Gln Leu Pro Asn  
 690 695 700  
 Cys Ile Glu Asp Pro Val Ser Pro Ile Val Leu Arg Leu Asn Phe Ser  
 705 710 715 720  
 20 Leu Val Gly Thr Pro Leu Ser Ala Phe Gly Asn Leu Arg Pro Val Leu  
 725 730 735  
 Ala Glu Asp Ala Gln Arg Leu Phe Thr Ala Leu Phe Pro Phe Glu Lys  
 740 745 750  
 25 Asn Cys Gly Asn Asp Asn Ile Cys Gln Asp Asp Leu Ser Ile Thr Phe  
 755 760 765  
 Ser Phe Met Ser Leu Asp Cys Leu Val Val Gly Gly Pro Arg Glu Phe  
 770 775 780  
 Asn Val Thr Val Thr Val Arg Asn Asp Gly Glu Asp Ser Tyr Arg Thr  
 785 790 795 800  
 30 Gln Val Thr Phe Phe Phe Pro Leu Asp Leu Ser Tyr Arg Lys Val Ser  
 805 810 815  
 Thr Leu Gln Asn Gln Arg Ser Gln Arg Ser Trp Arg Leu Ala Cys Glu  
 820 825 830  
 35 Ser Ala Ser Ser Thr Glu Val Ser Gly Ala Leu Lys Ser Thr Ser Cys  
 835 840 845  
 Ser Ile Asn His Pro Ile Phe Pro Glu Asn Ser Glu Val Thr Phe Asn  
 850 855 860  
 Ile Thr Phe Asp Val Asp Ser Lys Ala Ser Leu Gly Asn Lys Leu Leu  
 865 870 875 880  
 40 Leu Lys Ala Asn Val Thr Ser Glu Asn Asn Met Pro Arg Thr Asn Lys  
 885 890 895  
 Thr Glu Phe Gln Leu Glu Leu Pro Val Lys Tyr Ala Val Tyr Met Val  
 900 905 910  
 45 Val Thr Ser His Gly Val Ser Thr Lys Tyr Leu Asn Phe Thr Ala Ser  
 915 920 925  
 Glu Asn Thr Ser Arg Val Met Gln His Gln Tyr Gln Val Ser Asn Leu  
 930 935 940  
 Gly Gln Arg Ser Pro Pro Ile Ser Leu Val Phe Leu Val Pro Val Arg  
 945 950 955 960  
 50 Leu Asn Gln Thr Val Ile Trp Asp Arg Pro Gln Val Thr Phe Ser Glu  
 965 970 975  
 Asn Leu Ser Ser Thr Cys His Thr Lys Glu Arg Leu Pro Ser His Ser  
 980 985 990  
 Asp Phe Leu Ala Glu Leu Arg Lys Ala Pro Val Val Asn Cys Ser Ile

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          995              1000              1005
Ala Val Cys Gln Arg Ile Gln Cys Asp Ile Pro Phe Phe Gly Ile
 1010              1015              1020
5  Gln Glu Glu Phe Asn Ala Thr Leu Lys Gly Asn Leu Ser Phe Asp
   1025              1030              1035
   Trp Tyr Ile Lys Thr Ser His Asn His Leu Leu Ile Val Ser Thr
     1040              1045              1050
   Ala Glu Ile Leu Phe Asn Asp Ser Val Phe Thr Leu Leu Pro Gly
     1055              1060              1065
10  Gln Gly Ala Phe Val Arg Ser Gln Thr Glu Thr Lys Val Glu Pro
     1070              1075              1080
   Phe Glu Val Pro Asn Pro Leu Pro Leu Ile Val Gly Ser Ser Val
     1085              1090              1095
   Gly Gly Leu Leu Leu Leu Ala Leu Ile Thr Ala Ala Leu Tyr Lys
15  1100              1105              1110
   Leu Gly Phe Phe Lys Arg Gln Tyr Lys Asp Met Met Ser Glu Gly
     1115              1120              1125
   Gly Pro Pro Gly Ala Glu Pro Gln
     1130              1135

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     <211> 1163
     <212> PRT
     <213> Homo sapiens

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   -1  1              5              10
40  Asp Ser Ala Gly Phe Gly Asp Ser Val Val Gln Tyr Ala Asn Ser Trp
     15              20              25
   Val Val Val Gly Ala Pro Gln Lys Ile Thr Ala Ala Asn Gln Thr Gly
   30              35              40              45
45  Gly Leu Tyr Gln Cys Gly Tyr Ser Thr Gly Ala Cys Glu Pro Ile Gly
     50              55              60
   Leu Gln Val Pro Pro Glu Ala Val Asn Met Ser Leu Gly Leu Ser Leu
     65              70              75
   Ala Ser Thr Thr Ser Pro Ser Gln Leu Leu Ala Cys Gly Pro Thr Val
   80              85              90
50  His His Glu Cys Gly Arg Asn Met Tyr Leu Thr Gly Leu Cys Phe Leu
     95              100              105
   Leu Gly Pro Thr Gln Leu Thr Gln Arg Leu Pro Val Ser Arg Gln Glu
   110              115              120              125

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Cys Pro Arg Gln Glu Gln Asp Ile Val Phe Leu Ile Asp Gly Ser Gly  
 130 135 140  
 Ser Ile Ser Ser Arg Asn Phe Ala Thr Met Met Asn Phe Val Arg Ala  
 145 150 155  
 5 Val Ile Ser Gln Phe Gln Arg Pro Ser Thr Gln Phe Ser Leu Met Gln  
 160 165 170  
 Phe Ser Asn Lys Phe Gln Thr His Leu Thr Phe Glu Glu Phe Arg Arg  
 175 180 185  
 10 Thr Ser Asn Pro Leu Ser Leu Leu Ala Ser Val His Gln Leu Gln Gly  
 190 195 200 205  
 Phe Thr Tyr Thr Ala Thr Ala Ile Gln Asn Val Val His Arg Leu Phe  
 210 215 220  
 His Ala Ser Tyr Gly Ala Arg Arg Asp Ala Thr Lys Ile Leu Ile Val  
 225 230 235  
 15 Ile Thr Asp Gly Lys Lys Glu Gly Asp Thr Leu Asp Tyr Lys Asp Val  
 240 245 250  
 Ile Pro Met Ala Asp Ala Ala Gly Ile Ile Arg Tyr Ala Ile Gly Val  
 255 260 265  
 20 Gly Leu Ala Phe Gln Asn Arg Asn Ser Trp Lys Glu Leu Asn Asp Ile  
 270 275 280 285  
 Ala Ser Lys Pro Ser Gln Glu His Ile Phe Lys Val Glu Asp Phe Asp  
 290 295 300  
 Ala Leu Lys Asp Ile Gln Thr Gln Leu Arg Glu Lys Ile Phe Pro Ile  
 305 310 315  
 25 Glu Gly Thr Glu Thr Thr Ser Ser Ser Ser Phe Glu Leu Glu Met Ala  
 320 325 330  
 Gln Glu Gly Phe Ser Ala Val Phe Thr Pro Asp Gly Pro Val Leu Gly  
 335 340 345  
 Ala Val Gly Ser Phe Thr Trp Ser Gly Gly Ala Phe Leu Tyr Pro Pro  
 350 355 360 365  
 30 Asn Met Ser Pro Thr Phe Ile Asn Met Ser Gln Glu Asn Val Asp Met  
 370 375 380  
 Arg Asp Ser Tyr Leu Gly Tyr Ser Thr Glu Leu Ala Leu Trp Lys Gly  
 385 390 395  
 35 Val Gln Ser Leu Val Leu Gly Ala Pro Arg Tyr Gln His Thr Gly Lys  
 400 405 410  
 Ala Val Ile Phe Thr Gln Val Ser Arg Gln Trp Arg Met Lys Ala Glu  
 415 420 425  
 40 Val Thr Gly Thr Gln Ile Gly Ser Tyr Phe Gly Pro Ser Leu Cys Ser  
 430 435 440 445  
 Val Asp Val Asp Ser Asp Gly Ser Thr Asp Leu Val Leu Ile Gly Pro  
 450 455 460  
 Pro His Tyr Tyr Glu Gln Thr Arg Gly Ala Gln Val Ser Val Cys Pro  
 465 470 475  
 45 Leu Pro Arg Gly Trp Arg Arg Trp Trp Cys Asp Ala Val Leu Tyr Gly  
 480 485 490  
 Glu Gln Gly His Pro Trp Gly Arg Phe Gly Ala Ala Leu Thr Val Leu  
 495 500 505  
 50 Gly Asp Val Asn Gly Asp Lys Leu Thr Asp Val Val Ile Gly Ala Pro  
 510 515 520 525  
 Gly Glu Glu Glu Asn Arg Gly Ala Val Tyr Leu Phe His Gly Val Leu  
 530 535 540  
 Gly Pro Ser Ile Ser Pro Ser His Ser Gln Arg Ile Ala Gly Ser Gln  
 545 550 555

Leu Ser Ser Arg Leu Gln Tyr Phe Gly Gln Ala Leu Ser Gly Gly Gln  
 560 565 570  
 Asp Leu Thr Gln Asp Gly Leu Val Asp Leu Ala Val Gly Ala Arg Gly  
 575 580 585  
 5 Gln Val Leu Leu Leu Arg Thr Arg Pro Val Leu Trp Val Gly Val Ser  
 590 595 600 605  
 Met Gln Phe Ile Pro Ala Glu Ile Pro Arg Ser Ala Phe Glu Cys Arg  
 610 615 620  
 10 Glu Gln Val Val Ser Glu Gln Thr Leu Val Gln Ser Asn Ile Cys Leu  
 625 630 635  
 Tyr Ile Asp Lys Arg Ser Lys Asn Leu Leu Gly Ser Arg Asp Leu Gln  
 640 645 650  
 Ser Ser Val Thr Leu Asp Leu Ala Leu Asp Pro Gly Arg Leu Ser Pro  
 655 660 665  
 15 Arg Ala Thr Phe Gln Glu Thr Lys Asn Arg Ser Leu Ser Arg Val Arg  
 670 675 680 685  
 Val Leu Gly Leu Lys Ala His Cys Glu Asn Phe Asn Leu Leu Leu Pro  
 690 695 700  
 Ser Cys Val Glu Asp Ser Val Thr Pro Ile Thr Leu Arg Leu Asn Phe  
 705 710 715  
 20 Thr Leu Val Gly Lys Pro Leu Leu Ala Phe Arg Asn Leu Arg Pro Met  
 720 725 730  
 Leu Ala Ala Asp Ala Gln Arg Tyr Phe Thr Ala Ser Leu Pro Phe Glu  
 735 740 745  
 25 Lys Asn Cys Gly Ala Asp His Ile Cys Gln Asp Asn Leu Gly Ile Ser  
 750 755 760 765  
 Phe Ser Phe Pro Gly Leu Lys Ser Leu Leu Val Gly Ser Asn Leu Glu  
 770 775 780  
 30 Leu Asn Ala Glu Val Met Val Trp Asn Asp Gly Glu Asp Ser Tyr Gly  
 785 790 795  
 Thr Thr Ile Thr Phe Ser His Pro Ala Gly Leu Ser Tyr Arg Tyr Val  
 800 805 810  
 Ala Glu Gly Gln Lys Gln Gly Gln Leu Arg Ser Leu His Leu Thr Cys  
 815 820 825  
 35 Asp Ser Ala Pro Val Gly Ser Gln Gly Thr Trp Ser Thr Ser Cys Arg  
 830 835 840 845  
 Ile Asn His Leu Ile Phe Arg Gly Gly Ala Gln Ile Thr Phe Leu Ala  
 850 855 860  
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### CLAIMS

1. A method for identifying an anti-streptococcal agent, which method comprises:

5 (a) providing, as a first component, a streptococcal M protein or a functional variant thereof;

(b) providing, as a second component, fibrinogen or a functional variant thereof;

10 (c) optionally providing, as a third component, a  $\beta_2$  integrin or a functional variant thereof;

(d) contacting said components with a test substance under conditions that would permit the components to interact in the absence of the test substance; and

(e) determining whether the test substance inhibits the interaction between the components;

15 thereby to determine whether a test substance is an anti-streptococcal agent.

2. A method according to claim 1 wherein the first component is provided by contacting *Streptococcus pyogenes* with a protease.

3. A method according to claim 2 wherein the protease is derived from a polymorphonuclear neutrophil (PMN).

20 4. A method according to claim 2 wherein the protease is endogenous to *S. pyogenes*.

5. A method according to any one of the preceding claims wherein the streptococcal M protein is the M1 protein of *S. pyogenes*, a homologue thereof which maintains the ability to form a complex with fibrinogen, or a functional variant of either  
25 thereof which maintains the ability to form a complex with fibrinogen.

6. A method according to claim 5, wherein the functional variant is a fragment of the M1 protein of *S. pyogenes* or a fragment of a homologue thereof.

7. A method according to any one of the preceding claims wherein the  $\beta_2$  integrin is provided on the surface of a PMN.

30 8. A method according to claim 1 wherein step (d) comprises contacting *S. pyogenes*, fibrinogen and PMNs in the presence of a test substance.



9. A method according to any one of the preceding claims wherein step (e) comprises monitoring any inhibition of the activation of PMNs.

10. A method according to claim 9 wherein inhibition of the activation of PMNs is monitored by measuring the release of heparin binding protein (HBP).

5 11. A method according to claim 1, which method comprises:

(a) reconstituting PMNs with a mixture of streptococcal M protein and plasma;

(b) adding a test substance to the mixture under conditions that would permit the components to interact in the absence of the test substance; and

10 (c) determining whether the PMNs, streptococcal M protein and plasma form aggregates in the presence of the test substance.

12. A test kit suitable for use in identifying a test substance which is capable of inhibiting the interaction between a streptococcal M protein or a functional variant thereof, fibrinogen and a functional variant thereof and, optionally, a  $\beta_2$  integrin or a functional variant thereof, which kit comprises:

(a) a streptococcal M protein or a functional variant thereof;

(d) fibrinogen or a functional variant thereof; and

(e) optionally, a  $\beta_2$  integrin or a functional variant thereof.

15 13. A test kit according to claim 12 which further comprises one or more buffers.

20 14. A test kit according to claim 12 or 13 further comprising means for determining whether a test substance disrupts the interaction between the streptococcal M protein or a functional variant thereof, fibrinogen or a functional variant thereof and the  $\beta_2$  integrin or functional variant thereof.

25 15. An anti-streptococcal agent identified by a method according to any one of claims 1 to 11.

16. An anti-streptococcal agent according to claim 15 for use in a method of treatment of the human or animal body by therapy.

30 17. Use of an integrin antagonist in the manufacture of a medicament for the treatment of a streptococcal infection.

18. Use according to claim 17 wherein the antagonist is an anti-integrin antibody, a peptide mimetic or a non-peptide mimetic.

19. Use of an inhibitor of the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin in the manufacture of a medicament for the  
5 treatment of a streptococcal infection.

20. Use according to claim 19 wherein the inhibitor is a peptide comprising the sequence GPRP.

21. Use according to claim 19 wherein the inhibitor is an antibody which specifically binds the B-repeats of *S. pyogenes* M1 protein.

10 22. Use of an agent identified by a method according to any one of claims 1 to 11 in the manufacture of a medicament for the treatment of a streptococcal infection.

23. A method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an agent identified by a method according to any one of claims 1 to 11 to a said individual.

15 24. A method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an integrin antagonist to a said individual.

25. A method of treating an individual suffering from a streptococcal infection comprising administering a therapeutically effective amount of an inhibitor of the  
20 interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin to a said individual.

26. A pharmaceutical composition comprising an inhibitor of the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin identified by a method of any one of claims 1 to 11 and a pharmaceutically acceptable carrier or diluent.

25 27. A method for providing a pharmaceutical composition, which method comprises:

(a) identifying an agent that inhibits the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin by a method according to any one of claims 1 to 11; and

30 (b) formulating the inhibitor thus identified with a pharmaceutically acceptable carrier or diluent.

28. A method of treating an individual suffering from a streptococcal infection, which method comprises:

(c) identifying an agent that inhibits the interaction between streptococcal M protein, fibrinogen and, optionally,  $\beta_2$  integrin by a method according to  
5 any one of claims 1 to 11; and

(d) administering a therapeutically effective amount of the inhibitor thus identified to a said individual.

ABSTRACT  
METHOD AND TREATMENT

5       A method for identifying an anti-streptococcal agent, comprises:

      (a)     providing, as a first component, a streptococcal M protein or a functional  
variant thereof;

      (b)     providing, as a second component, fibrinogen or a functional variant  
thereof;

10       (c)     optionally providing, as a third component, a  $\beta_2$  integrin or a functional  
variant thereof;

      (d)     contacting said components with a test substance under conditions that  
would permit the components to interact in the absence of the test substance; and

      (e)     determining whether the test substance inhibits the interaction  
15   between the components;  
thereby to determine whether a test substance is an anti-streptococcal agent.

Figure 1

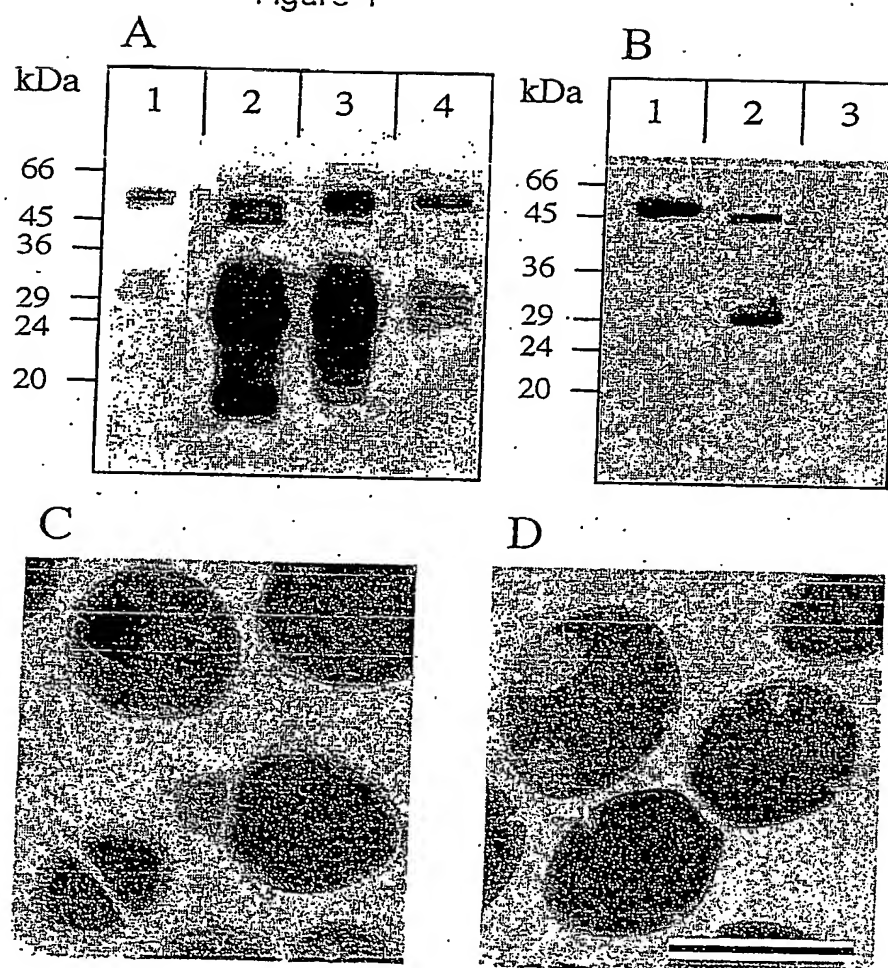


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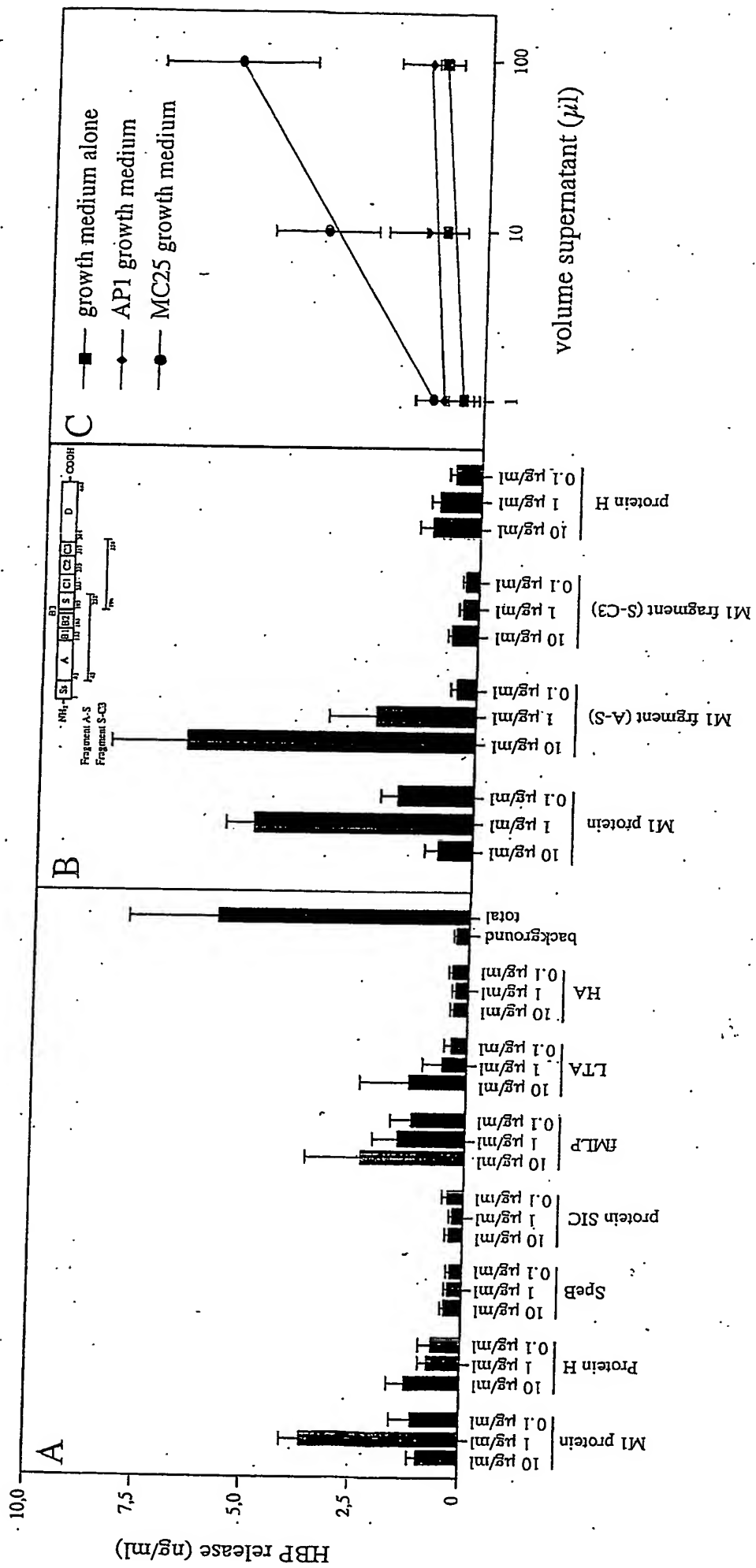


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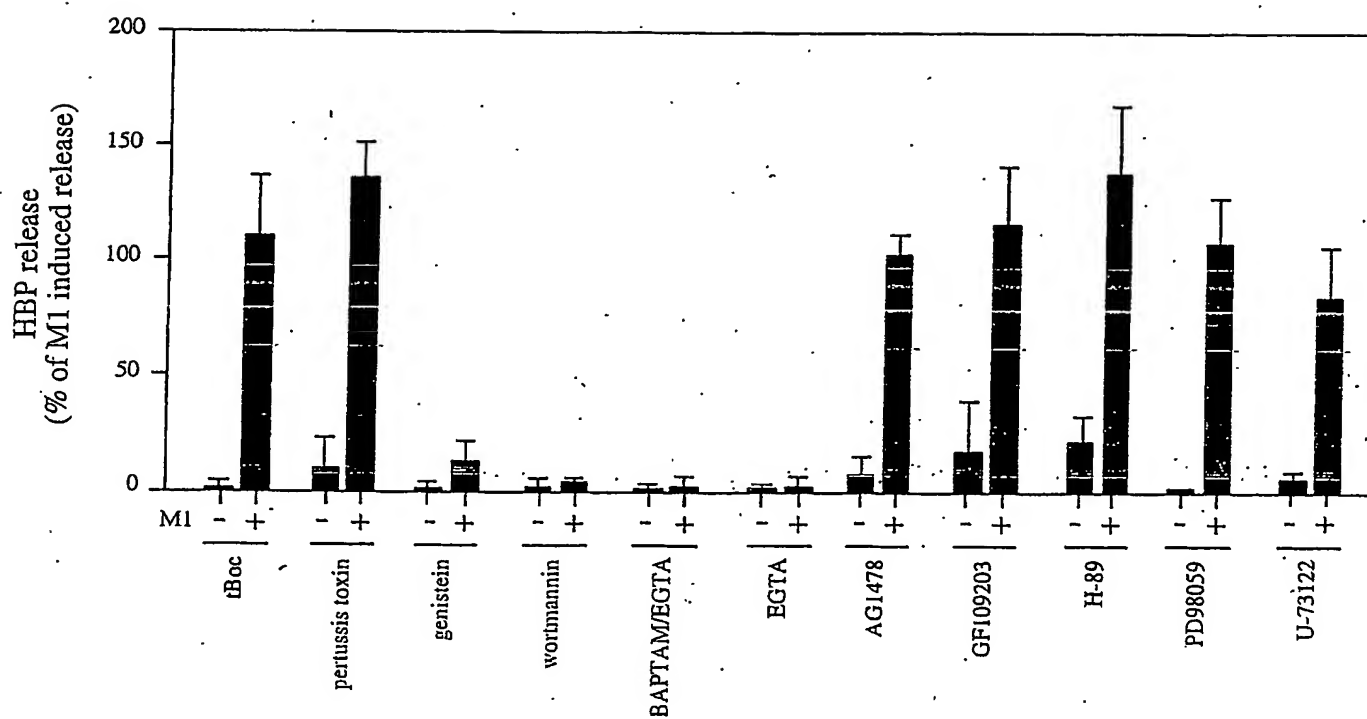


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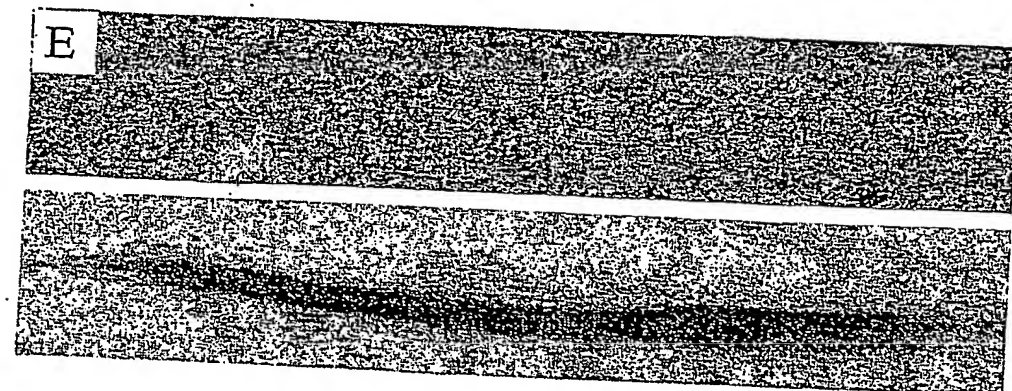
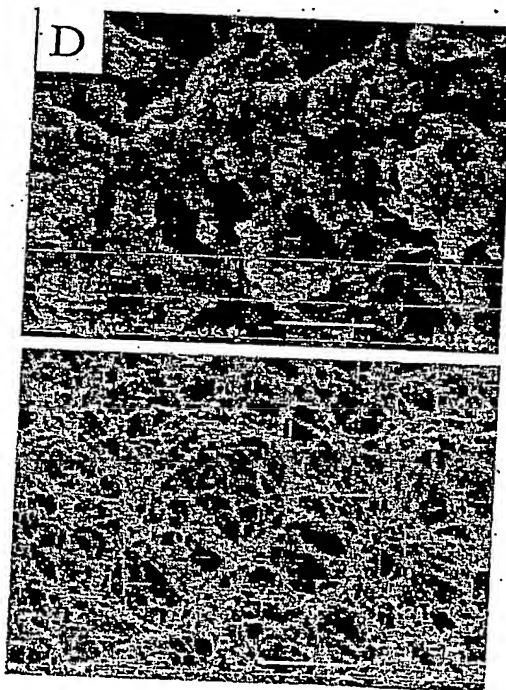
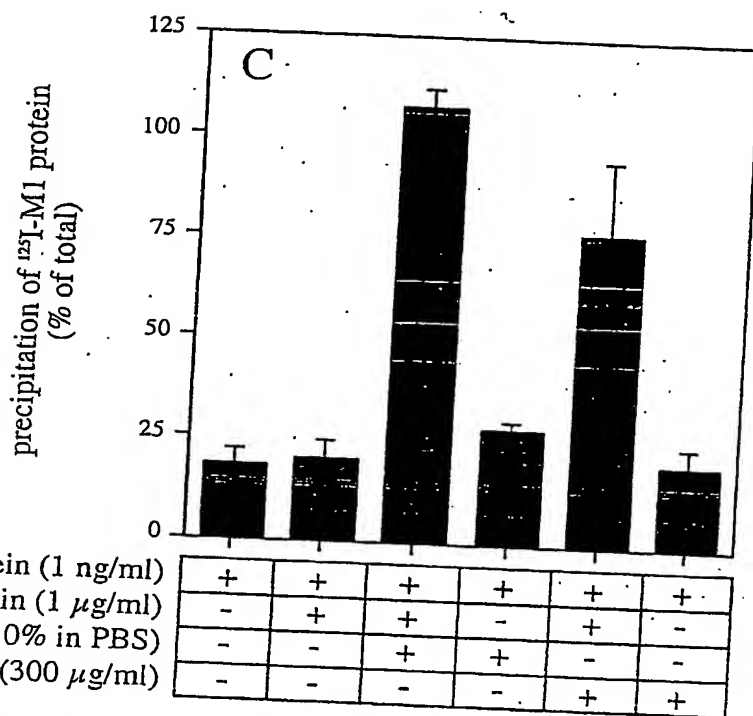
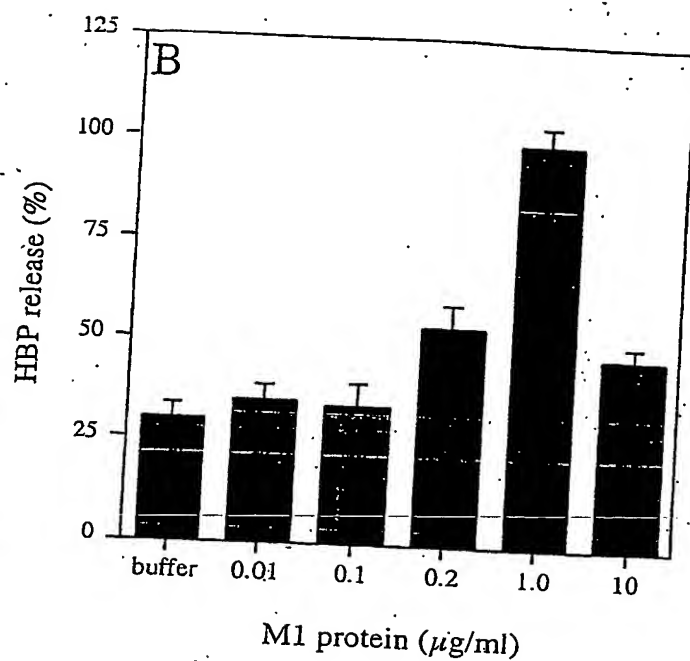
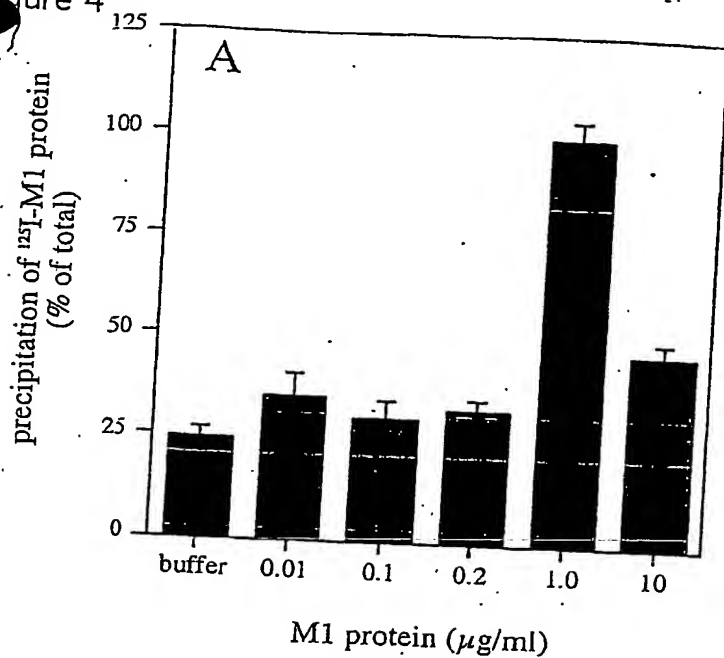
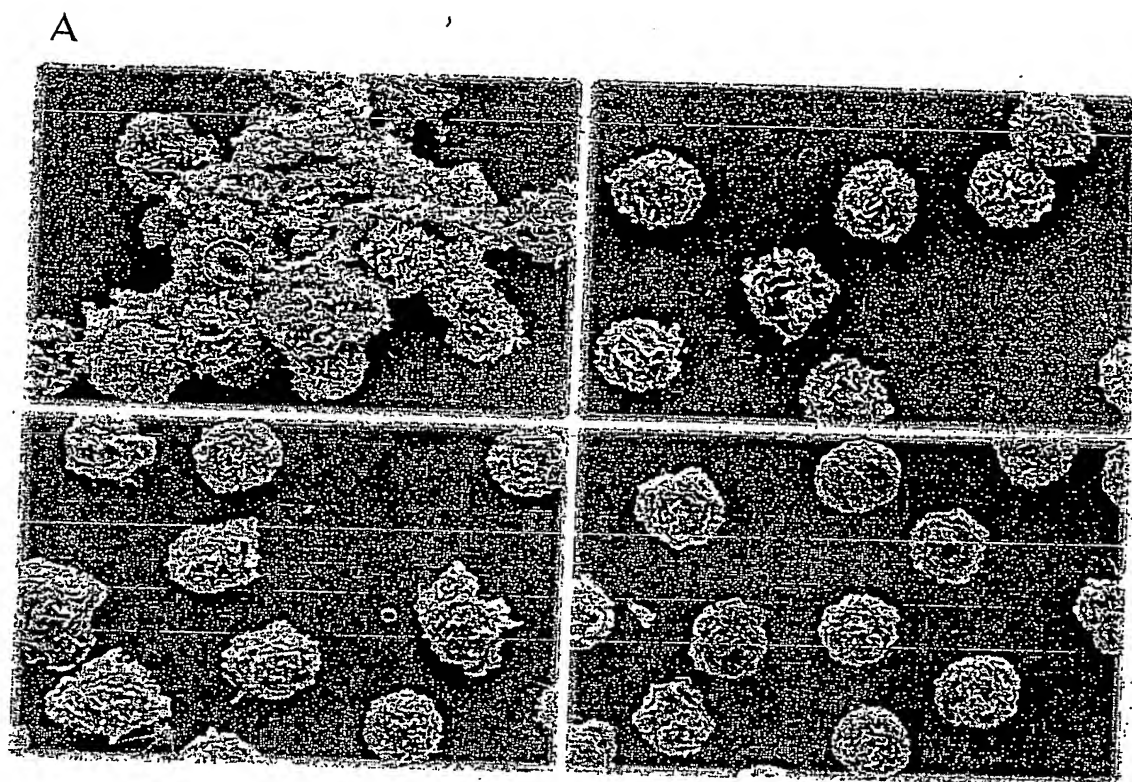




Figure 5



B

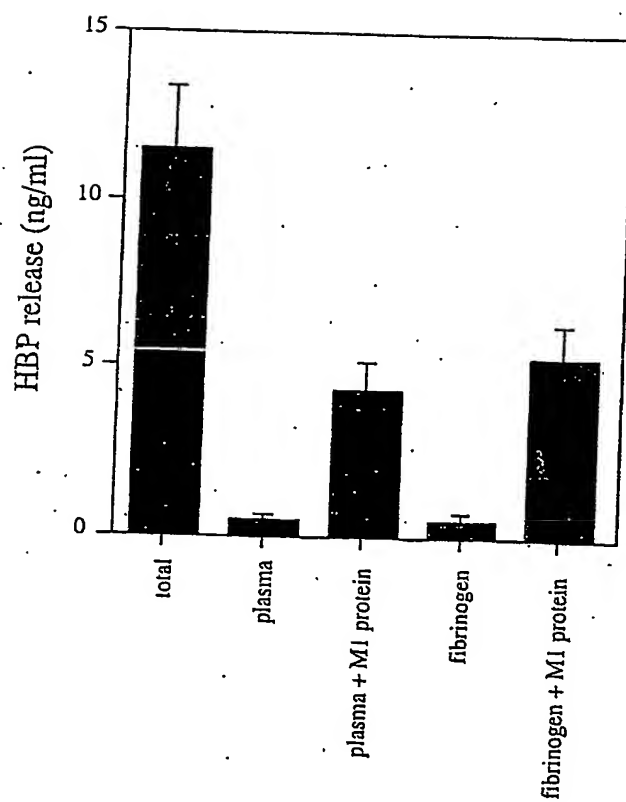


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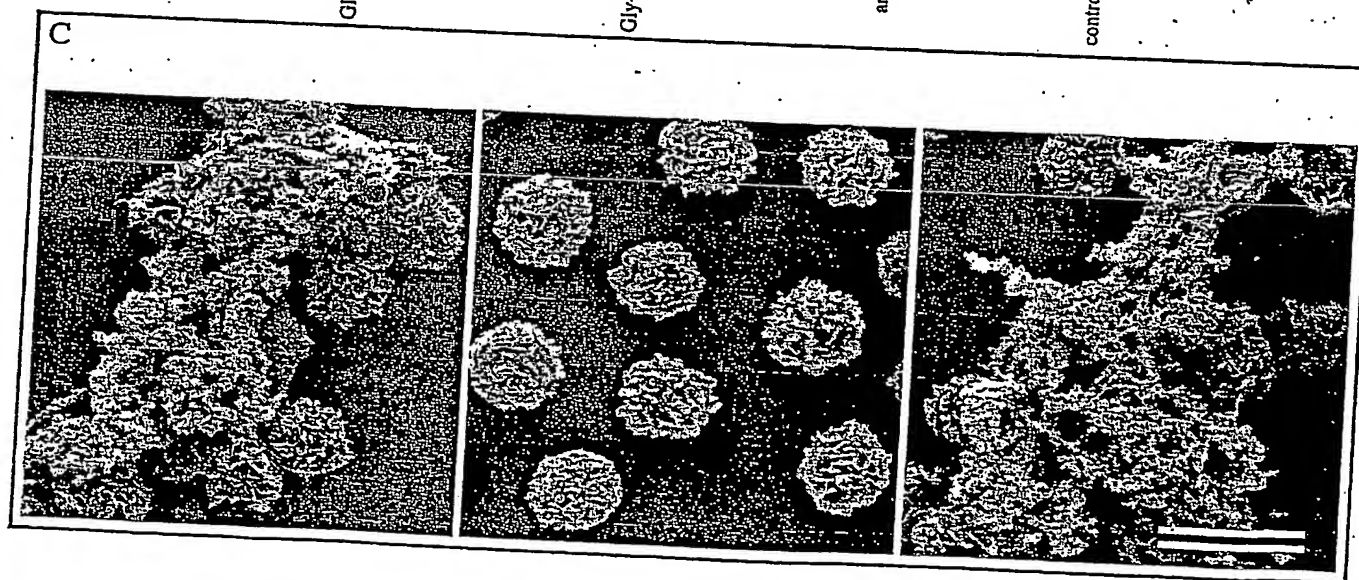
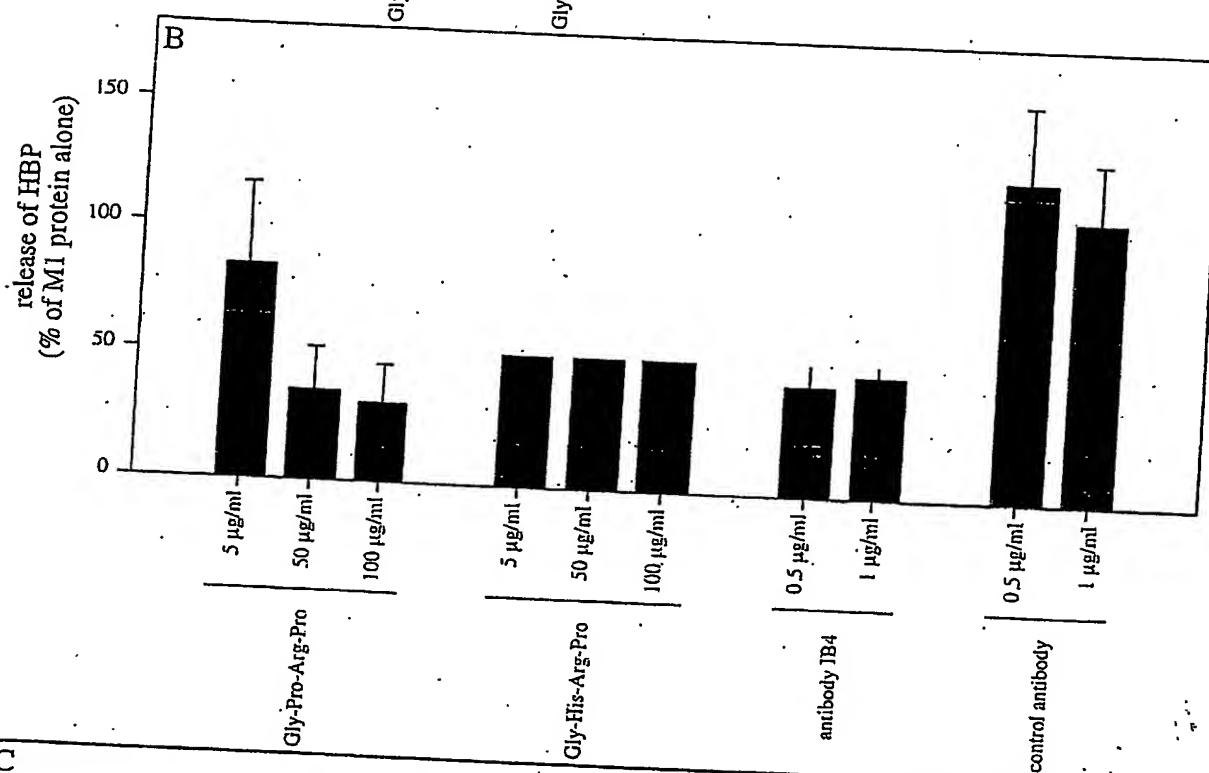
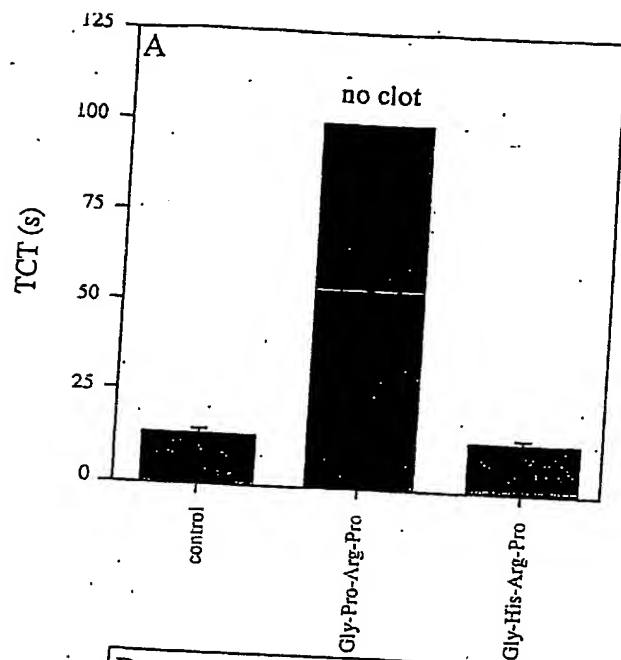
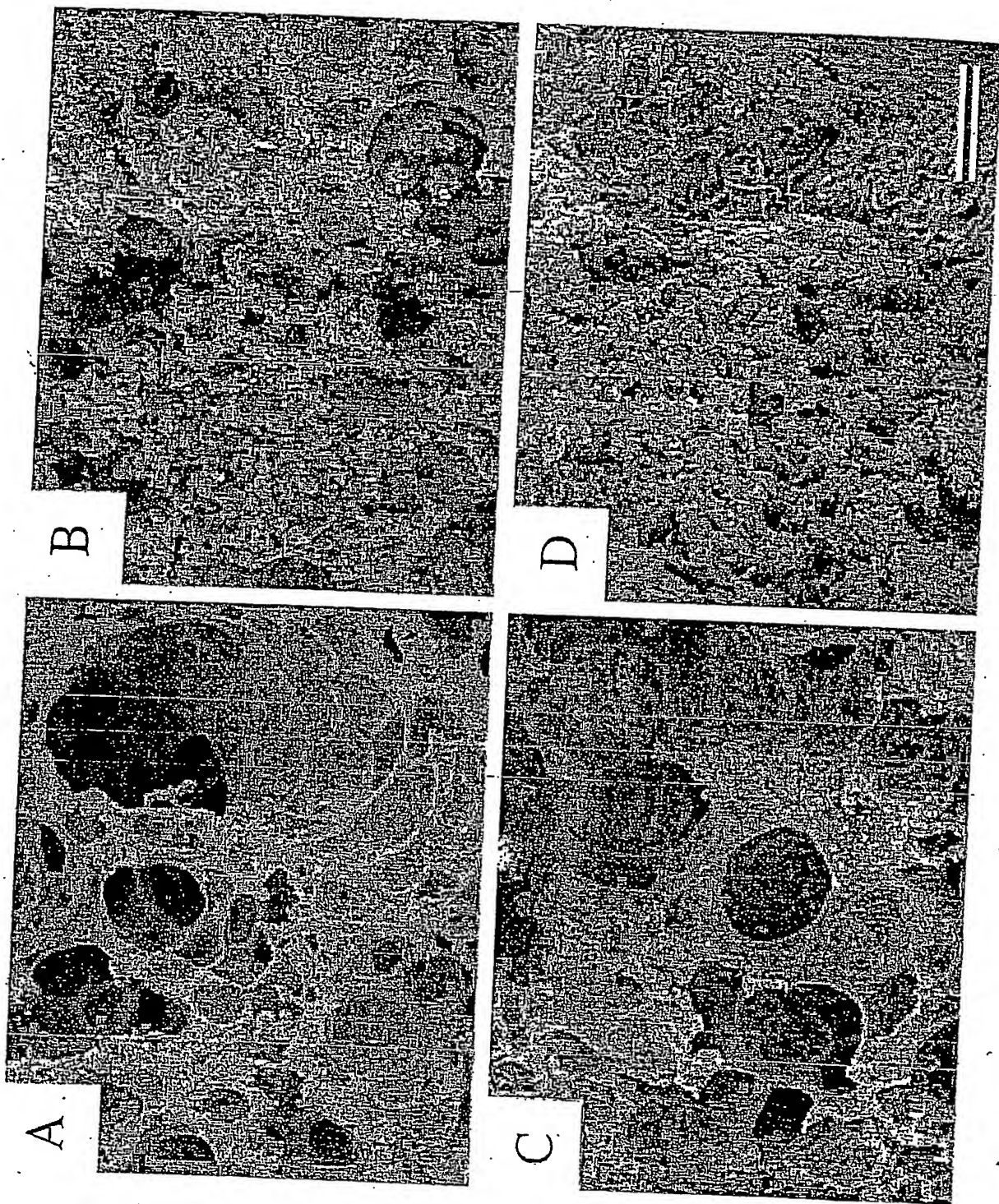
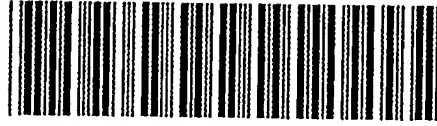


Figure 7



PLT/EP 004-04429



dos

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